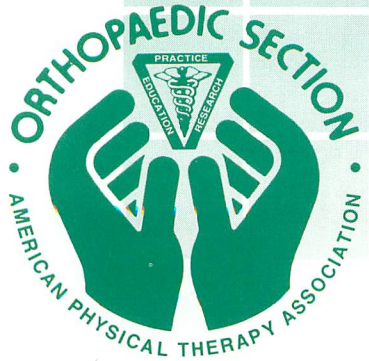
ORTHOPAEDIC PHYSICAL THERAPY PRACTICE

THE NEWSLETTER OF
THE ORTHOPAEDIC SECTION
AMERICAN PHYSICAL THERAPY ASSOCIATION



VOL. 9, No. 2 SPRING 1997

REQUEST FOR PROPOSALS
ORTHOPAEDIC SECTION, APTA

CLINICAL RESEARCH GRANT PROGRAM

Purpose: The Orthopaedic Section must support its members by funding studies designed to systematically examine orthopaedic practice issues. The purpose of this grant program is to address the urgent need for clinical research in orthopaedic physical therapy.

Targeted Recipients of the Grant Program: The grant program is designed to provide funding for any Orthopaedic Section member who has the clinical resources to examine a well-defined practice issue, but who needs some external funding to facilitate the completion of a clinical research project.

Studies Eligible for Funding: The four types of studies that will qualify for funding are studies that: *1)* examine the effectiveness of a treatment approach on a well-defined sample of patients with orthopaedic problems; *2)* examine patient classification procedures for purposes of determining an appropriate treatment; *3)* further establish the meaningfulness of an examination procedure or a series of examination procedures used by orthopaedic physical therapists; and *4)* examine the role of the orthopaedic physical therapist in the health care environment. Authors must stipulate which purpose their grant is designed to address.

Categories of Funding: Funding will be divided into two categories:

Type I Grant Funding: $1,000.00 maximum

This program is designed for therapists who require only a small amount of funding for a project or are in the process of developing a project. The funds in this program will be used for pilot data collection, equipment, and consultation.

Type II Grant Funding: $5,000.00 maximum

This program is designed for therapists who are ready to begin a project but need additional resources. The grant may be used to purchase equipment, pay consultation fees, recruit patients, or fund clinicians. Clinicians receiving funding from this program will be expected to present their results at CSM within 3 years of receiving funding. Recipients will receive $300 to allay costs associated with presenting at CSM.

Criteria for Funding: Type I Grant

—A specific and well-defined purpose that is judged to be consistent with the four types of studies eligible for funding and described above

—The sample studied must include patients. For studies examining the role of the orthopaedic physical therapist in the health care environment, the sample studied would be therapists involved in the delivery of care

—Priority given to projects designed to include multiple clinical sites

—Priority given to studies examining treatment effectiveness

—Institutional Review Board approval from participating site(s) and letter of support from facility(ies) participating in the study

—Principal investigator must be an Orthopaedic Section member

—Priority given to projects that are currently not receiving funding

—The funding period will be 1 year

Criteria for Funding: Type II Grant

Criteria are the same as listed above for the Type I grant plus the following:

—Evidence of some pilot work

—The funding period will be 1 year, renewable for up to 3 years, if judged to be appropriate

Determination of the Award: Deadline for submission of grant proposals is **December 1, 1997**. Each application should include one original and six copies of all material. The Grant Review Committee will review and evaluate each eligible application. A total of $30,000 is budgeted for grants each year (five at $1,000 and five at $5,000). All applicants will be notified of the results by March 1, 1998.

To receive an application, call or write to:

Clinical Research Grant Program
Orthopaedic Section, APTA, Inc.
2920 East Avenue South
La Crosse, WI 54601
800/444-3982

ORTHOPAEDIC PHYSICAL THERAPY PRACTICE

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Orthopaedic Physical Therapy Practice

Statement of Frequency:
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President's Message

CSM 1997

Dallas Texas, for a diehard Green Bay Packer fan, is a painful site to visit, but for a physical therapist it was the place to be this past February. Our business meeting, educational programs, and social events were all well attended. These events and the informal meetings in hallways, lobbies, and restaurants provided a forum for spirited debate, informational exchanges, and personal updates with friends last seen at the previous Association meeting. The Orthopaedic Section's Board of Directors (BOD) left this meeting with new directives from membership and will begin formulating plans immediately. We look forward to the challenges that lie ahead and welcome Joe Farrell who has joined the BODs as the newly-elected Director.

FOUNDATION FOR PHYSICAL THERAPY

In September, 1995 the Orthopaedic Section's BODs agreed to help fund a Foundation for Physical Therapy, Clinical Research Center (CRC) designed to study work-related low back injuries from a multidisciplinary perspective. This past December, I received a letter from The Foundation announcing that the $600,000 grant had been awarded to Dr. Tony Delitto and his team at the University of Pittsburgh. On behalf of the Section membership I congratulate Dr. Delitto and with confidence I look forward to the contributions this CRC will make to our profession.

CLINICAL RESIDENCY UPDATE

At the November, 1996 APTA BODs meeting a third clinical residency task force (TF) was formulated. The task force consists of me (chair), Jan Richardson and Randy Roesch (APTA BODs), George Davies (Sports), Rita Wong (Geriatrics), and Marilyn Phillips (APTA staff). Our charge is: l) review and revise the credentialing guidelines for clinical residency programs and faculty, 2) develop an appeals process for the above credentialing processes, and 3) develop a complete plan for the clinical residency program including budget, marketing, etc. The TF had its initial meeting February 6-8, 1997 and will meet again in April. We are to complete our charge by June of this year. Once a plan is approved by the APTA BODs the document will be distributed to membership for review.

Prior to the initial TF meeting in February I was sent a large notebook filled with information generated by the first two TFs. As I reviewed the materials, I developed an appreciation for the tremendous effort it must have taken to generate the documents. At the same time it was distressing that despite the efforts over the past 3-4 years, I still have nothing concrete to present to you. The Orthopaedic Section BODs remains strongly committed to the development of clinical residencies, and I look forward to when I can give you the details of an approved plan.

JOSPT

Our current publication contract with Williams and Wilkins ends December 31, 1998. During the June 1996 Annual Conference meeting in Minneapolis the Orthopaedic and Sports Sections received a rather pessimistic financial report from Williams and Wilkins regarding the future of *JOSPT.* Our goal is to continue publishing a quality journal without increasing the cost to Section membership. Therefore, to prepare for an uncertain future, the Orthopaedic and Sports Sections put out a request for proposals for publication of JOSPT with a deadline of January 15, 1997. We received seven proposals, including one from Williams and Wilkins. The Sections hired an independent consultant to review the proposals, and we had our initial meeting with her during this Combined Sections Meeting. If we are not going to pursue a contract with Williams and Wilkins, we must notify them by the end of this year. The Orthopaedic and Sports Sections are committed to doing all we can to ensure the future health of JOSPT, one of our most important membership benefits.

SAN DIEGO MEETING 1997

The 1997 Scientific Meeting and Exposition (Annual Conference) will be held May 30-June 2 in San Diego, California. The Orthopaedic Section will host a practice issues and open forum for membership Saturday May 31st from 8 - 10 AM. This is an opportunity for you to bring up issues or concerns regarding Section activities, JOSPT, Section finances, the office operations, etc. The Section BODs will be present to discuss these issues with you. Please join us for this important meeting.

OUTGOING PRESIDENTS: SPECIAL INTEREST GROUPS (SIG)

The completion of the CSM business meeting marked the end of the terms for the four Orthopaedic Section SIG presidents: Dennis Isernhagen (Occupational Health), Tom McPoil (Foot and Ankle), Sean Gallagher (Performing Arts), and Gerry Scotece (Pain Management). All four were the initial presidents for their respective SIG, and they have all readily acknowledged the commitment and efforts of numerous individuals towards the growth of the SIGs. While it is certainly true that many people have contributed to the SIGs over the years, these four Section members must be recognized as the driving forces behind the creation and development of the groups. The SIGs play an increasingly vital role in the Orthopaedic Section's quest to fulfill its mission and responsibilities to membership. We owe Dennis, Tom, Sean, and Gerry a huge debt of gratitude.

THANK YOU

To the officers, committee chairs, members, and Section office staff - the hard work and preparation leading up to CSM paved the way for a successful meeting. To the Education and Research committee members for finishing the marathon - ensuring the success of our educational programming. To Mike Cibulka who has finished his term as Director - his expertise, dedication, and penchant for hard work will be missed.

William Boissonault, MS, PT
President

From The Section Office

Terri A. DeFlorian, Executive Director

The Board of Directors met during the Combined Sections Meeting in Dallas, Texas last February. Following are the highlights from that meeting:

1) The Section approved developing The James A. Gould III Research Award.

2) The Board agreed that the Section will contribute $3,000 to the 1997 Student Conclave which will be held in Phoenix, Arizona, October 25-26.

The Section is preparing for the 1997 Scientific Meeting and Exposition to be held in San Diego, California from May 30 - June 2. Following is the meeting schedule:

Section Board of Directors Meeting	Thursday, May 29	7:00 - 10:00 PM
Elected Officers Meeting	Friday, May 30	7:30 - 9:30 AM
Business Meeting	**Saturday, May 31**	**8:00 - 10:00 AM**
Section Board of Directors Meeting	Saturday, May 31	10:00 - 11:00 AM
Finance Committee Meeting	Sunday, June 1	2:00 - 3:30 PM

There are two new additions to the Section staff. Linda Weaver was hired into a newly-created position as Secretary to the Executive Director, and Lori Flesher is replacing Danielle Benzing who resigned from the Publishing Assistant position. Linda currently works 30 hours per week and Lori is full time. I welcome both of them to our team.

Some of you may have noticed that I changed my name a few months ago. Well I am changing it again. I got remarried on February 21, 1997 and will now be using my new married name which is DeFlorian. I will however still answer to my former names, Pericak and Lunder, if you find it hard to keep all of this straight.

I hope you are all having a wonderful spring! I look forward to seeing all of you again in San Diego.

APTA BUSINESS MEETING

The APTA's Advisory Panel on Practice is holding a forum at Annual Conference in June on emerging markets in physical therapy practice. The Advisory Panel is asking individuals who have involvement in newer or unusual areas of practice to attend this forum. The format will be an informal "goldfish bowl" type of discussion with opportunities for all attendees to participate as desired.

If you practice in a new or "emerging market" and would like to contribute, or if you simply want to get some new ideas, come to the Business Meeting on Saturday, May 31, 1997 from 8:00 to 10:00 a.m. Call Nancy White at 703-241-5536 for further information.

Speakers And Authors Wanted

The Physical Therapist Assistant Orthopaedic Education Programming Committee, a subcommittee of the Orthopaedic Section of the APTA, is looking for speakers and authors to contribute to specific PTA orthopaedic education.

This new subcommittee of the Orthopaedic Section has been created to stimulate interest and enhance physical therapist assistant involvement in the Orthopaedic Section. We want to provide an opportunity for PTAs with orthopaedic experience to contribute to the orthopaedic program at the Combined Sections Meeting and to author papers for presentation and for future home study courses designed specifically for the PTA.

By creating this new speakers and writers bureau, the PTA programming committee of the Orthopaedic Section hopes to afford PTAs the chance to share in the education process and to demonstrate leadership, achievement, and recognition for PTAs in the field of orthopaedic physical therapy.

Anyone interested in being considered for the speakers and writers bureau should submit a current curriculum vitae to:

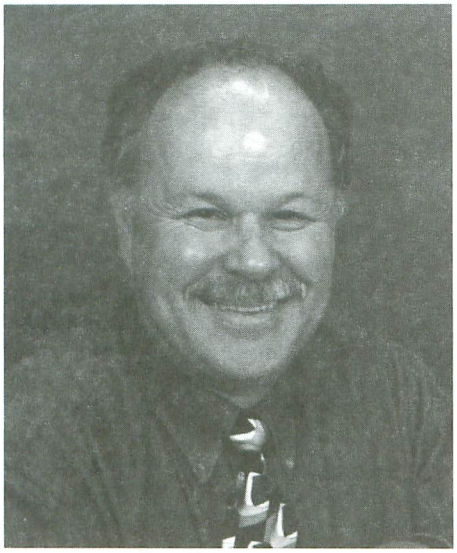
Gary Shankman, OPA-C, PTA, ATC
202 West Hills Way
Woodstock, GA 30189

For further information, please call Gary Shankman at:
(770) 924-8428

"Well, here I am—Who's Going to Believe It"

Paris Distinguished Service Award Address 1996

By Richard C. Ritter, MA, PT



This address was presented at CSM, 1997.

Thank you hardly seems adequate, but it is with absolute sincerity that I offer this thank you. The Paris Distinguished Service Award is something that I believe to be a high honor; I am deeply touched by the recognition and most humble in my acceptance. Before I get into the mostly disjointed thoughts that I want to share with you, I would like take a moment to thank my wife Linda. I also would like to thank my sons Chip and Chris; they are the pride and joy of my life.

I first met Stan Paris when I signed up to take a course that was going to teach me how to evaluate and treat spine patients including manipulation. The course was two weeks with the weekend off in between. Man was I excited, because I had been fascinated with the quick miracles that had been attributed to manipulation. Well we all gathered for the first day at the bank meeting room in Auburn, WA and things got underway. After the first day I was struck with the importance that this man placed on being a physical therapist; he emphasized the uniqueness of what we do. He clearly had studied and acquired skills and knowledge that I wanted. We said our good byes for the day and headed home. I was car pooling with two other PTs and we were all pretty jazzed up about the course. At some point I reached into my coat pocket—the bottom fell out of my stomach. Strange keys, strange items, not my stuff. I was able to contact Stan, and he had made his way to his motel without his rental car, and was in his room. So much for my palpation skills and ability to determine subtle motion in the spine and extremity joints. I know that first meeting with Stan had some important consequences in my professional life. From that point on I was never "just" a physical therapist; I saw myself as an important member to a health care provider system, someone who could make unique patient care contributions. I also always check to be sure that I have the right coat.

My road to this podium has been, I must tell you, very blessed. I have met some incredible people and have been privileged to serve the members of the Orthopaedic Section. There was a fateful day in 1988 that I got a phone call from the Orthopaedic Section asking if I would be interested in working on developing the examination for the Orthopaedic Clinical Specialty. Well I was back on my heels; did they know who they were talking to? I accepted the appointment to the Orthopaedic Specialty Council (OSC) with the trust that someone knew what they were doing, and hoped that hard work would get me by. It turned out to be one of the richest experiences of my professional life. Joe McCollouch and Susan Stralka and I met for the first time in June 1988. The task we were given was to the point. Get this test in acceptable form by September or the Section will be out a big bunch of money and have to start all over. There was not much time to get the why and how comes we were in that position, nothing good would come from finger pointing. It became clear that moving on was what was needed. Because of Joe McCollouch and his organization skills, Susan and her clinical knowledge and capacity for hard work, and the synergy that evolved between us, we were able to take a mountain of information and turn it into a clinically relevant examination. Joe and Susan deserve recognition for the contribution they made to the project; without them we would not be where we are today.

> I accepted the appointment to the Orthopaedic Specialty Council...
> So here we are with specialization a reality. It is accessible–much more so than advanced academic programs.

Well, we had an examination, but clearly knew that it was not perfect. Yet from the first administration we heard comments that in order to be successful in taking the examination, one had to think like a clinician. One had to make the best decision based on the given information; as far as I was concerned, there could be no higher praise. With that bit of encouragement we set about the task of refining the instrument. We also tried to meet the issue of a practical examination head on. Refining the examination went very well, and that process continues to this day thanks to another cool guy from California, Joe Godges, who took my place on the OSC. It has always been true for me that if someone is able to build on the foundation that I shared responsibility for, then I can be justifiably proud of the foundation and share the pride in the house that is built on it. The issue of the practical or "performance" exam was a tough one. There was no valid, reliable, cost-effective way to hold such an examination. As we considered alternatives, the only one that made sense was the residency model. That model would allow evaluation of performance over time and more accurately assess the physical skills and clinical decision making process. I still believe that some form of the residency model should become part of the preparation and application for the specialty examination and not just for Orthopaedics. Most recent developments from the APTA seem to indicate that there will be some form of recognition and consistency for residency programs, and we will be closer to the next step.

The process of development continued to excite me, and in a weak moment I agreed to serve a second term on the OSC;

besides, I thought it was cool to use the word "psychometrics." As chair of the council I can tell you that the smartest thing I ever did was talk Mary Milidonis into taking on the project of revalidation of clinical competencies. She was the driving force behind the project that produced the document that we know as "Orthopaedic Physical Therapy—A Description of Advanced Clinical Practice." Mary Ann Sweeney and I did what we were told, and no one got hurt. With that document we linked practice dimensions and the knowledge areas and procedures that define what we do as advanced clinicians. I believe that it is a powerful document developed with rigor of the scientific process (which you will be able to read about, hopefully, in the March issue of *JOSPT*), and serves multiple uses as we are challenged to define ourselves in a variety of practice settings, academic environments, payer conferences, and legislative arenas.

Specialization as I hoped it would evolve, would serve to fill a void that long existed in our profession. I can clearly remember being made to feel like a "second class" citizen because I wanted to keep my focus of clinical practice and patient care. There were and are avenues for those who chose growth in administration, academia, and research. For those that wanted to focus on advanced clinical practice, the options typically were much less structured and consistent, and there was no formal or public recognition. Many would pursue an academic advanced degree and then seek to apply the knowledge back into the practice setting. Most selected from a variety of continuing education courses that met their needs. More recently therapists have been led to "systems," "concepts," "methods," or "approaches" that are more structured, but sometimes narrowly focused, esoteric and rigid. My hope is that those who have committed to the specialist level of clinical excellence will facilitate and help formalize a residency learning model for others who seek and aspire to advance their clinical skills.

So here we are with specialization a reality. It is accessible—much more so than advanced academic programs. It is firmly based on practice analysis. Unlike some academic programs it is not a "get along and you'll get done." It is tough, but appropriately so. I am reminded of a story—it seems there was an excellent bicycle racer that was on his way to winning everything that sport had to offer. It was the day of the big race and he was ready. As the race unfolded, the unthinkable happened. He was involved in a crash, off the bike, road rash, by the side of the road. The wise coach came to him and was consoling. He told the racer "take only a moment to enjoy your sorrow and nurse your wounds—then get up and get going for there is a race to win." We have not crashed in the process, in our case we should take only a moment to enjoy the successes, because the race is far from over. We need to realize that specialization is not THE end product. Just as isolated muscle strengthening is part of a process, we need to continue to move to the application phase of our growth. Those with the OCS credential are the individuals I am counting on to be the driving force that is necessary in educating two primary groups, the consumer and payor.

The next wave of reform that will come in health insurance will be consumer driven. I am seeing a consumer who is less likely to be happy with health care that is "done to them." Many are even willing to pay out of pocket for some things to avoid the irritation and hassles of dealing with the HMO. Consumers are anxious to learn more about how they can maximize health care options. Who better to teach them about prevention and management of neuromusculoskeletal injuries than physical therapists led by clinical specialists? In my practice experience I have had discussions with patients about these very issues. Usually it begins with some frustration about a HMO delay or roadblock; remember insurance companies make money by not paying your bill. These patients are often looking to change insurance carriers. My advice is to begin with an analysis of the family situation. If they are an active family with kids and parents playing sports, check any potential insurance plan for what happens if they are hurt vs. if they are sick. That means access to specialist providers, second opinion for surgery, physical therapy benefit, durable medical equipment including for example a knee brace, and how that insurance carrier manages cases for outcomes.

Payors likewise seem interested in learning more about what we do, even if most of the time the reason seems to be cost containment. The current treatment guidelines for a variety of neuromusculoskeletal problems that are being developed by the Industrial Medical Council in California have been significantly influenced by input from physical therapists. Our review and analysis has led to guidelines that are not restrictive, are reasonable in that active hands on care is elevated to a high status, and the focus is on the worker being able to return to productive employment status. This is to me the arena that clinical specialists can really provide significant leadership by status of the OCS credential and advance the profession of physical therapy.

Managed care is a reality for most of us. In the most intense environments a practice can have well more than half of its client base from a managed care population. In the clinic where I practice, we have about 98% from a large managed care contact. It is tough to make things work from a business standpoint, but for now we are surviving. In our practice the use of patient classification systems and use of impairment data as a measure of outcomes, has allowed us to gather some rather impressive data about the effectiveness of physical therapy intervention. As the trend of managed care continues, and there is every reason to think that it will at least in the near future, it will be even more critical for physical therapists to accurately identify problems and design interventions that can mitigate impairments and promote the restoration of function. Who better than clinical specialists to lead the way in development of clinically-based patient classification systems, clinical decision trees, and algorithms. Physical therapists must get better at identifying medical conditions that may masquerade as neuromusculoskeletal problems, and have the confidence to refer those individuals back to the appropriate medical practitioner. There are some problems where we are not the most effective care provider. Forming colleagueal relationships with those who act as gatekeepers will promote learning for both parties and enhance patient care. Managed care is not all bad. It has forced us to become more efficient and be more critical about what we do. It turns out most of time that patients will benefit from early appropriate intervention, and that intervention or treatment set will usually be the most cost effective. Clinical specialists can lead us to the ultimate goal of true direct access and independent practice.

> "Volunteerism has been the life blood of the APTA at all levels including the Orthopaedic Section."

Let me shift gears now and address another subject. Volunteerism and service have been part of my life for a very long

time. I came by it honestly from my parents. My dad was a dentist and very involved in his professional association as well as his community. Volunteerism has long been the life blood of the APTA at all levels including the Orthopaedic Section. What we have accomplished has been due to the dedication and commitment of volunteer leaders and our associates. It was not so long ago, you always say that when you are an old guy, that filling committee positions was a struggle. Section leadership and executive staff should be commended for "page 2" of Orthopaedic Physical Therapy Practice. That's the page that lists the Section Directory. All positions are filled and apparently all committees are functioning. I highly recommend that anyone interested in serving the Section, contact the office. We must have "new blood" for the Section to drive on to even greater achievements. I would also like to encourage involvement in local organizations. I know that in California there are several districts that have difficulty filling committee positions. Not that most of you in this room need more to do, but look around in your practice or work environment. Maybe there is someone who simply needs to be asked and given an encouraging word; maybe even promise that you will be available for problems. How about an idea that I heard at the Leadership Conference in California—as soon as you take office, begin looking for a person who you think could replace you when your term is up. We have an excellent nominating committee, but having served on that committee I can tell you that we accept all the suggestions that we get. And if the nominating committee has someone else to gently twist the arm, even better.

Finally tonight I would like to say a few words about the Mentor Program. Of all the different projects that I have been involved in, this one was actually my idea. One can hardly pick up a publication today without someone touting the importance of mentorship as a critical element in personal and/or professional growth. When I was growing up professionally, there was a system built in that insured my having a more senior therapist available for what we now call a mentor. Then we called them "ma'am" or "sir" as was appropriate in the military; and I can tell you that I had some great mentors. There was a recognition by both the new graduate and the less experienced therapist, and by the experienced therapist that learning in the clinic environment was an ongoing pursuit, and involved more than some particular technique or treatment approach. There was an element of the art of practice that was communicated. There was a style that was communicated. Part of the responsibility that came with becoming a more senior therapist was accepting the mentor role. At times I am concerned that as we have expanded the level of knowledge and elevated the quality of what is expected of new graduates, that we may be leaving behind some of the art of our profession, that is the soul of what we do. Recall that at one time it was all about being an apprentice and learning what the master knew. I am not suggesting that we need to go back to those good old Dickensonian days. Everyone knows that things have changed. It is not unusual in today's practice market for a new graduate to enter into a practice expecting that a more senior therapist will be available to provide some guidance, only to find that "market forces" (I'm not sure what that is) or "down sizing" (I do know about that one) eliminated the more senior position, and guess who is now in charge. In the cases that I know of, the young therapist has felt way out on a limb. In both those cases the therapists had a strong external support system—I was proud that I was one of the mentors that they called. Both made decisions to change employment situations and have never looked back. What I hoped we could do as a Section was provide a resource of individuals that were willing to act as mentors, and those seeking such a relationship, the framework for contact. The process is very simple. Mentors fill out a registration form that outlines how they are able to contribute. Potential mentees get that list or part of the list and make the contact. By using a registration form for those who agreed to act as mentors, the messy introductions and awkward "first date" phone contact would be minimized. I expected that there would be some who would talk occasionally on the phone and some that would get together for more frequent formal meetings. With the electronic communications systems available today, there are all kinds of possibilities. Design of the particular program would be worked out by the participating individuals to meet their mutual needs. This was not about a pipeline to someone's "concept," "system," "institute," or "consortium." I was inspired by a discussion about study groups that exist around the country. By design there has never been any strict rules about how the study group had to function. There were, however, excellent guidelines outlining how other successful groups had organized. We simply took that concept and after a little effort came up with what is now a "feature" that the Section has—I say feature, because it is only a benefit if members use it. It is there as a mechanism that may help unlock or enrich some member's potential either as a mentor or as a mentee, and I am proud to be a part of it.

In closing I would like to make it clear that I am not this tall—I am standing on the shoulders of many giants. I have many heroes in this profession. Some famous and some that are not well known. Charlie Hartman was one who offered something that I have communicated to students and colleagues on many occasions: "It doesn't make a damn bit of difference what you do as long as you know what you are doing, know why you are doing it, and it works for you." In today's practice environment I would hope to identify a good research question that I could discuss with a more academic colleague and we could then collaborate on a project with a student and finally publish something that would make us all better physical therapists.

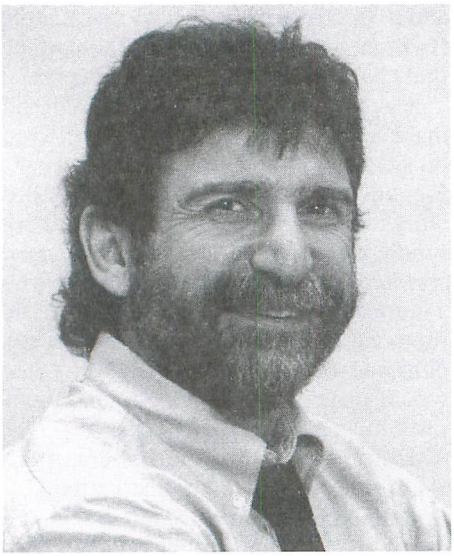
I am inspired by the members of this Section at every meeting that I attend. At this moment in time I can't imagine a group that I would rather be associated with or a place that I would rather be. Thank you again for your attention and patience. I would like to accept this award with sincere thanks and expectations that there are even better days ahead.

The best "outcome" for my practice life will be feeling the weight of someone standing on my shoulders.

Richard C. Ritter, MA, PT is currently working at Bay Area Physical Therapy Center of Dublin in Dublin, California.

Efficacy and the Fear of Research

Ninth Annual Rose Award Address
Richard P. Di Fabio, PhD, PT
February 15, 1997



What an honor to be here tonight. This acknowledgment of my work by the Orthopedic Section is very kind. I will certainly cherish this moment, and I feel very fortunate to have the opportunity to speak with you. Two events occurred this past year that made me realize that we are developing a fear of research.

The first event was in March of last year. I received a letter from the Department of Reimbursement at the APTA. This department, by the way, is staffed by highly competent people. They do an excellent job helping us respond to the many problems that we have these days, getting payment for our services. The letter said that "traction has been challenged as a service which is unproven." AETNA insurance company was recommending a denial of payment for mechanical traction provided by physical therapists. The insurance company in this case reviewed the literature —and they concluded that "the evidence did not indicate traction to be effective." The APTA was asking selected members to review the literature and come up with a DIFFERENT conclusion. In other words, therapists were being asked to challenge AETNA's position. But, instead of posing the question; Is AETNA right? We were being asked to make a case that they were wrong.

I believe that this letter represented a defensive strategy. I think that this defensive reaction is grounded in the fear that some literature challenges the effectiveness of certain aspects of our practice. It is grounded in the fear that our livelihood will be diminished by literature that does not support what we are doing in the clinic. Now I know what you are going to say. Insurance or HMO representatives concerned about the bottom line might approach the literature with their own bias. If we do not defend "OUR" practice with "OUR" interpretation of the literature, then we lose. The problem with this point of view is that we contaminate our perspective with bias, and bias will be our downfall when we allow our preconceived ideas about practice to undermine the development of newer and more effective treatments.

To me, the issue is not to preserve current practice at all costs, but to change our practice in ways that make sense. Fear of negative findings in the literature will only slow the evolution of this great profession. Anyone can find evidence for and against back school, for and against traction, for and against mobilization and manipulation of the spine. But when faced with the economic impact of denial of payment, there is great pressure to FIND ONLY the literature to support our practice and minimize or ignore the work that challenges our position.

A recent editorial in *Physical Therapy* pointed out that "where we once welcomed research, we now fear the possibility that research will lead us and others to reject certain aspects of our practice.(1) As a case in point, a recently published article showed that measures of craniosacral motion were not reliable.(2) One reader sent a letter to the editor stating that (and I quote) "I am convinced that we should not allow strict adherence to the rules of experimental design...[to] stifle our creativity." (3) This letter to the editor essentially advocated that we discard science in favor of personal creativity. That we reject evidence-based practice in favor of clinical opinion. I wonder WHY we fear discovery. I wonder WHY we sometimes hold clinical opinion higher than evidence to the contrary.

This brings me to the second event that helped me notice that we might be developing a fear of research. Our profession is currently leading an effort to develop clinical practice guidelines. These guidelines are taking shape as consensus documents that will define what is common practice. (4) Many of us are participating in this process, and the final documents will be presented at national conference this summer in San Diego. The idea of a practice guideline is to provide a reference for therapists, third-party payers, and health care policy makers so that the scope of accepted practice can be readily understood.

> We contaminate our perspective with bias, and bias will be our downfall when we allow our preconceived ideas about practice to undermine the development of newer and more effective treatments.

But let's be clear. Our practice guidelines are not literature-based. Our practice guidelines are not based on evidence. Rather, our practice guidelines are based on expert opinion and clinical experience. We may all agree, for example that treatment for a certain condition should include modality therapy, because the use of modalities is an accepted practice pattern. After a while we may even come to think that our practice is valid just because we all agree. *Consensus, however, does not necessarily ensure validity of practice*. A recent publication in *PT Magazine* indicated that physical therapy practice is formed largely on unsystematic observations that eventually come to be accepted as a valid knowledge base. (5) With all of its shortcomings this knowledge base then serves as our reference for prognosis and our expectations for treatment outcome. (5) I am uneasy with this consensus-based paradigm. I am uneasy, because we have not adequately developed an evidence-

based practice.

After all, it is the evidence that will tell us which population of patients will benefit from physical therapy, how often should we provide treatment, and what level of compliance is necessary to achieve a good outcome. A consensus document will NOT provide these details in any systematic way. When groups that develop clinical practice guidelines, health policy, or reimbursement guidelines ignore the details in the literature, we often get oversimplified generalizations that reduce physical therapy to a recipe that is applied indiscriminately to a large group of vaguely similar patients. The fear of research, no doubt, prevent some of us from dealing fairly with the scientific literature. I hope that this will not happen. I hope that we can embrace the literature with all of its wonderful complexities. If we can do this, we will bring to light WHERE, WHEN, and WHY physical therapy is effective. We already know that indiscriminate use of physical therapy will mask positive effects, because people who will NOT benefit from care are receiving treatment along with those who do respond to treatment. *The net effect is no effect.*

In my meta analysis, (6) I first combined all RCTs to chronicity, type of inpatient or outpatient program, number of co-interventions and even the region of the world that the study took place. When I did this I found that there was no net effect for back school. Studies with positive outcomes were masked by studies with negative outcomes. When you look at back school studies systematically, however, you will discover a different picture. You will discover that comprehensive rehabilitation programs that include back school have better outcomes than back-school-only programs, and you will discover that inpatient care has better outcomes than outpatient care. You will also discover that back school programs originating in Scandinavia seem to have better outcomes than the rest of the world. These details are necessary to fully evaluate WHERE, WHEN, AND WHY physical therapy is effective.

I think that these details should be considered in a formal way when we develop clinical practice guidelines. The idea of a clinical practice guideline based on the literature— is not new. The Agency for Health Care Policy & Research (AHCPR) has already embarked on this course (7) and while their methods are not without problems, the literature is highly visible in their methods. I think that the literature should have greater visibility in our methods. You may argue that good studies simply do not exist for many areas of our practice. You may argue that the lack of study - in any event - is not the same as lack of EVIDENCE for efficacy. And you are right. But look over your shoulder.

Our practice is beginning to change *Without our input. Denial of payment - rather than scholarship - seems to be shaping our practice.* In the next year or so I am told that modality therapy, INCLUDING iontophoresis and acquatic therapy might be viewed as nonreimbursable treatments. More letters from insurance companies like AETNA are sure to come. In the mean time, our THUMBS are in the dike while the literature catches up to our practice patterns. As I look ahead, I wonder what efficacy research will look like in the future? The literature is becoming more complex because the outcomes that we are evaluating are becoming more complex.

You don't have to look too far back to find studies on low back pain that used the straight leg raise as the primary outcome measure. The problem of course is that if your patient cannot pick up objects from the floor or go back to work, the amount of SLR—in a functional sense—is largely irrelevant. Fortunately, there is a broad spectrum of outcome measures emerging in the literature that will give us an opportunity to debate and select relevant measures for efficacy testing. In my meta-analysis alone, there were (6) categories of outcome measures with multiple outcomes within each category. (6)

We no longer think strictly in terms of impairments like improving strength and motion. Outcome measures have expanded to include self-perceived disability and health-related quality of life. Some measures are disease specific like the Oswestry Questionnaire. Other measures are generic, like the Rand Health Survey. As a profession, we have not yet debated just what constitutes a relevant outcome measure for efficacy testing. We need to engage in that debate. The trend recently has been to use multiple outcomes to describe efficacy of treatment. In orthopaedic and sports physical therapy, multiple outcomes are driving a new form of integrated research. In the future you will see a greater presence of scientists that you thought were outside orthopaedic and sports expertise. The traditional role of the biomechanist will be enhanced with a collaboration from neuroscientists and epidemiologists.

I was reading one of my recent issues of the *JOSPT* (8) and noticed that the Sports Physical Therapy Section home study course included proprioceptive neuromuscular facilitation and a discussion of the Feldenkras method. Who would have predicted that treatments previously reserved for the neurologically impaired are now applied to improve the performance of elite athletes. These dynamic and innovate approaches to treatment will require a MULTIDISCIPLINARY approach to research. I am looking forward to the collaboration that will be necessary to address the efficacy of these treatments.

In summary, we are entering a truly exciting era where our consensus-based practice will receive a nudge from the evidence. I hope that we do not ignore the wonderful complexity of the literature. I hope that we can encourage a dialogue about the contradictions found in research without fearing these contradictions. I hope that we can debate the relevancy of outcome measures and arrive at an evidence-based practice that will enhance our credibility and secure a prosperous profession.

I want to thank the committee for recognizing my work. This award symbolizes the commitment of the Orthopaedic Section to a vigorous research agenda, and I am DELIGHTED to be part of the process.

Thank you.

REFERENCES

Rothsetin JM. Lift the seige (Editor's note). *Phys Ther.* 1996;76:1286-1287.

Wirth-Pattullo V, Hayes KW. Interrater reliability of cranioscaral rate measurements and their relationship with subjects' and examiners' heart and respiratory rate measurements. *Phys Ther.* 1994;74:908-916.

Upledger JE. Letter to the editor on "Interrater reliability of cranioscaral rate measurements and their relationship with subjects' and examiners' heart and respiratory rate measurements." *Phys Ther.* 1995;75:328-329.

A Guide to Physical Therapist Practice, Volume I: A description of patient management. *Phys Ther.* 1995;75:709-756.

Duncan PW. Evidence-based practice: a new model for physical therapy. *PT Magazine.* 1996;4:44-48.

Di Fabio RP: Efficacy of comprehensive rehabilitation programs and back school for patients with low back pain: A meta analysis. *Phys Ther.* 1995; 75:865-878.

Bigos S, Bowyer O, Braen G, et al. Acute low back problems in adults: Clinical Practice Guideline #14. Agency for Health Care Policy and Research, Public Health Service, US Department of Health and Human Services; 1994. AHCPR publication No. 95-0642.

Sports Physical Therapy Home Study course (advertisement) in *Journal of Orthopaedic and Sports Physical Therapy*, Volume 24, No. 5, 1996.

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Alternative Dispute Resolution: Arbitration and Mediation in Physical Therapy

By Kathy Lewis, JD, MAPT

This article was submitted by the Occupational Health Special Interest Group.

The public is becoming more disillusioned with our justice system. Some judges are requiring parties to mediate disputes prior to proceeding with litigation. Many business organizations are committed to considering alternative dispute resolution (ADR) options. Health care providers are offering patients arbitration contracts on a "take it or leave it" basis before proceeding with health care services. Since 1955, there has been an increase of federal and state laws governing ADR. During the past decade, there has been a rush of lawyers and nonlawyers attending ADR training seminars. Authors agree that use of arbitration and mediation will increase in the future. (1-6) Physical therapists who are offered ADR agreements or those therapists who opt to offer arbitration agreements to patients should become familiar with mediation and arbitration. Some physical therapists could qualify as expert arbitrators.

Arbitration and mediation are both methods to resolve disputes and avoid litigation. The distinguishing difference between these two methods is the decision making process. Mediators facilitate discussion between the parties and encourage decisions by the parties. They advocate settlements and judge nothing. Arbitration closely resembles a "trial without rules;" arbitrator(s) determine remedies for the dispute. (3)

Advantages and Disadvantages: Claims of ADR advocates include: it is less expensive than litigation, resolutions are more expedient, the process provides greater privacy, arbitrators are often recognized experts, strict rules of evidence do not apply, and parties of the dispute can have greater control over the process. (1,6) Although ADR is an attempt to avoid abuses of our justice system, it is not a panacea. Critics claim that arbitration is too much like litigation, the process remains at infancy stage of development, and new laws are necessary to avoid coercion and promote competency of arbitrators and mediators. (1,4)

Regulation: Common law does not favor arbitration agreements. The Federal Arbitration Act (9 USC § 10) governs disputes related to interstate commerce. A majority of American jurisdictions (thirty-four states) have adopted the Uniform Arbitration Act when FAA does not apply. (1) Eighteen states[1] have passed laws specifically related to arbitration agreements between health care providers and patients. (6) Only three states (Florida, New Jersey, and Hawaii) have adopted regulations on qualifications for mediators. (4)

Recent trends in case law indicate that adhesion contracts are enforceable unless the court determines that the agreement is oppressive or unconscionable or terms are beyond reasonable expectations of an ordinary person. (An adhesion contract is described as one that is prepared by a party with superior knowledge of the subject matter, is offered as a "take it or leave it" basis, and is presented as a standardized form.) (6) When parties have a binding agreement, the courts are reluctant to review the case on appeal and success of an appeal is slim. (2)

Contract Tips: Whether physical therapists are contemplating signing an arbitration agreement or offering such agreement to another party, they should seek legal consultation. Arbitration is a voluntary, consensual process which is enforced according to language in the contract. When contractual terms are vague or void, a judge may determine which arbitration rules apply to meet the general intent of the parties (ADR resolution). To avoid surprises after a dispute arises, the contract language should be critically reviewed prior to signing.

- The contract should meet strict compliance with applicable arbitration statutes.
- Terms and format which may be interpreted as unconscionable should be avoided. For example, when the agreement is between a health care provider and a patient, include a clause giving the patient an unconditional right to rescind the agreement within 30 to 60 days after signing. Require patient's initials beside primary provisions. To meet mutuality requirements for valid contracts, avoid exempting claims that you as provider may have against the patients, eg, fees in connection with services. Include terms that invite comments and questions from the other party. Provide patients with distinct oral explanations of the agreement. A copy of the agreement should be added to the patient's chart. The explanation and any important circumstances surrounding the oral explanation should be added to the patient's chart. Prepare the agreement as a separate document rather than incorporating terms in another agreement. (6)
- Professional liability insurance policies should be reviewed to determine whether an arbitration agreement could be limited or prohibited.
- If it is preferable to have binding arbitration, the contract language should be explicit or remedies may not be enforced as a judgment. (1)
- Issues to be decided should be specified in the agreement. When the agreement is broad, eg, "Any and all disputes," arbitrators have broad authority. When the scope of issues is narrow, arbitrators are required to focus on the specified issues.
- Selection of arbitrators should be delineated. Expertise should parallel issues to be resolved and methods of selecting arbitrators should be fair and void of bias. A single, neutral arbitrator will be less expensive and will limit time delays when scheduling hearings. In contrast, a panel of arbitrators may be appropriate for complex issues and to assure a balance of expertise or unbiased resolutions.
- When confidentiality is important, the agreement should provide that proceedings are private except when disclosure is required by a court.
- Procedural rules may be explicitly described by the parties or by incorporating existing rules, eg, Uniform Arbitration Act. This contractual right is one of the arbitration advantages. Although it may initially be tedious to describe procedural rules, the value may be significant. For example, dis-

covery of evidence is not a matter of right or costs may ultimately be comparable to litigation costs. A written record of the proceedings is not required by the American Arbitration Association; however, having a court reporter may be extremely useful if it becomes necessary to vacate an award or when cross examining witnesses.

Use of alternative dispute resolution is increasing. Contracts offered to physical therapists may specify arbitration or mediation as methods to resolve contractual disputes. Employee benefit and medical plans frequently authorize administrators of plans to agree to arbitration on behalf of all members. Physical therapists who are processing business agreements, eg, for consultation services may benefit by investigating ADR clauses as options for dispute resolution. Recently states have begun passing laws that specifically address arbitration agreements between health care providers and patients. New laws will continue to be formed until ADR becomes more mature. As these trends continue, physical therapists will increasingly need a general knowledge about ADR. Physical therapists who have special technical expertise and certain professional traits may choose to pursue opportunities as an arbitrator or mediator. These individuals should attend a quality 40-hour continuing education program on alternative dispute resolution. The purpose of this article is for information only and it not intended to be used as specific legal advice.

References

1. Chamberlain HWR. Business Organizations and Insurance Companies Can Arbitrate Anything, But Do They Really Want To? *Tort & Insurance Law Journal*. 1996; 31(Summer):957-976.
2. Dobin MS. Appealing the Unappealable: Vacating Arbitration Awards. *The Brief*. 1996; 26(Fall):69-72.
3. Handley FD. What Plaintiffs' Lawyers Should Know Before They Mediate. *The Brief*. 1996; 25(Summer):70-72.
4. Reuben RC. The Lawyer Turns Peacemaker. *ABA Journal*. 1996;82(August):54-62.
5. Somers DL. Alternative Dispute Resolution is Here to Stay. *The Journal of the Kansas Bar Association*. 1996; 65(November):2 & 13.
6. Will RJ. Arbitration of Medical Malpractice Claims: A Practical Update. *The Health Lawyers*. 1996;9(Winter):14-17.

[1] These eighteen states are Alabama, Alaska, California, Colorado, Connecticut, Florida, Georgia, Illinois, Louisiana, Maryland, Michigan, New York, Ohio, Pennsylvania, South Dakota, Texas, Vermont, and Virginia.

Kathy Lewis, JD, MAPT is Associate Professor at the University of Texas.

Physical Therapy '97

APTA Scientific
Meeting & Exposition

Request for Recommendations for Orthopaedic Section Offices

The Orthopaedic Section of the APTA needs your input for qualified candidates to run for the offices listed below. If you would like the opportunity to serve the Section or know of qualified members who would serve, please fill in the requested information. Return this completed form to the Section office by September 1, 1997. The Nominating Committee will solicit the consent to run and biographical information from the person you recommend.

_____
(Print Full Name of Recommended Nominee)

_____
Address

_____
City, State, Zip

_____
(Area Code) Home Phone Number

_____
(Area Code) Office Phone Number

is recommended as a nominee for election to the position of:

CHECK THE APPROPRIATE POSITION:

☐ PRESIDENT (3 yr. term)

☐ VICE PRESIDENT (3 yr. term)
Candidates for President and Vice President should have Association experience on the Section, State, or National level.

☐ NOMINATING COMMITTEE MEMBER (3 yr. term; 2 yrs. as member, 1 yr. as Chair)
Should have broad exposure to membership to assist in formation of the slate of officers.

Nominator: _____

Address: _____

_____

Phone: _____

PLEASE RETURN BY SEPTEMBER 1, 1997 TO: Tara Fredrickson
Orthopaedic Section, APTA
2920 East Avenue South
La Crosse, WI 54601

Needs Assessment Survey
Orthopaedic Section, APTA

Dear Colleague,

The Orthopaedic Section of the American Physical Therapy Association is interested in how it may better serve its membership. Please complete and return the attached Needs Assessment Survey to provide the Orthopaedic Section with your input. This survey will be used to help direct the Section's future goals and activities. Thank you.

Orthopaedic Section, APTA, Inc.
2920 East Avenue South
La Crosse, WI 54601
800/444-3982
608/788-3965 fax

Special Note

Complete the Needs Assessment Survey, return it to the Section office, and your name will be entered in a drawing. Five Orthopaedic Section members will be selected to receive a free home study course. The Section office must receive your survey by June 13, 1997 to be eligible for the drawing.

1. What is your primary employment setting? (check one)
   ____ hospital
   ____ out-patient facility (associated with a hospital)
   ____ out-patient facility (not associated with a hospital)
   ____ home health
   ____ academic
   ____ other: (please list) _____

2. Is your position primarily: ____ clinical, ____ administrative, ____ academic, or ____ student?

3. Age: _____ 4. Gender (circle one): M or F 5. Professional Title (circle one): PT or PTA

6. What year did you complete your entry-level professional program? (write in):

7. What is your highest level of education? (write in):

8. Who pays for your APTA dues? _____self, _____employer, _____other

9. Who pays for your Section dues? _____self, _____employer, _____other

10. Are you a Board Certified Orthopaedic Clinical Specialist (OCS)? _____yes, _____no;
    Why haven't you pursued clinical specialization? (write in)

11. If you are a PTA, are you interested in a specialization process for PTAs? _____yes, _____no

12. How many years have you been working with orthopaedic patients?
    ____ 0-3 ____ 4-6
    ____ 7-9 ____ 10+

13. What percentage of your typical day is spent in direct patient care with patients having orthopaedic involvement?
    ____ 0-25% ____ 26-50%
    ____ 51-75% ____ 76-100%

14. What major problem or issue at work keeps you from performing at your optimal level? (list)

15. Why is the above a problem? (explain)

16. Can you suggest a way the Orthopaedic Section may be able to help you regarding the problem or issue listed above?

17. Respond to the following statement by rating each on a scale of 1 - 5, with 5 being most valuable:
The following services provided by the Orthopaedic Section are of value to me:

JOSPT (Journal of Orthopaedic and Sports Physical Therapy)	____	*Orthopaedic Practice* (publication)	___
Continuing Educational Courses	____	Home Study Courses	___
Networking	____	Advanced Review Course	___
Mentor Program (experienced therapists who offer to mentor other therapists in orthopaedics)	____	Special Interest Groups	___

18. Do you prefer your home study course material on: (please check all that apply)
___ CD ROM ___ Printed Page ___ Video tape ___ Internet
___ Other: (Please describe) _____

19. Do you have access to:
___ CD ROM ___ Internet

20. What topic would you most like to see covered in future home study courses? _____

21. How many Combined Sections Meetings (CSM) have you attended in the past 10 years? _____

22. What topic would you most like to see presented at the CSM? _____
_____

23. Are you interested in attending the orthopaedic advanced review course (Current Concepts)? _____

24. What prevents you from attending the advanced review course? _____
_____
_____
_____

25. Would you be interested in attending other advanced courses sponsored by the Orthopaedic Section? _____ yes, _____ no. If you represent a group and would be interested in jointly sponsoring these courses with the Orthopaedic Section, please contact Tara Fredrickson at the Section office.

26. What topic would you most like to see presented in an advanced course? _____
_____
_____

27. Have you participated in our mentor program? _____
Comments on the program: _____
_____
_____

28. What service would you like to see provided by the Orthopaedic Section that is not currently provided? _____
_____
_____

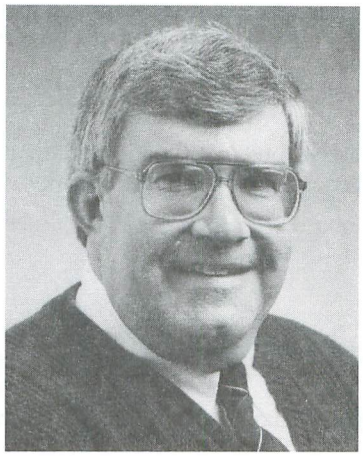
29. What barriers do you feel prevent physical therapists and physical therapist assistants who are interested in orthopaedics from joining the Orthopaedic Section?
___ cost ___ not interested in the services provided
___ other (please identify) _____

Name: _____

Address: _____

Daytime Phone: _____

Tom McPoil Receives Award for Excellence in Teaching of Orthopaedic Physical Therapy



At the 1997 Combined Sections Meeting, the Orthopaedic Section presented its Award for Excellence in Teaching of Orthopaedic Physical Therapy to Thomas G. McPoil, PhD, PT. Tom is currently Interim Dean of the College of Health Professions and Professor of Physical Therapy at Northern Arizona University. He is a regular speaker at the Orthopaedic Section's Review of Advanced Orthopaedic Competencies courses and is a founding member and immediate past president of the Section's Foot and Ankle Special Interest Group.

Tom's primary area of interest is the foot and ankle where he has excelled equally in education, clinical research and practice. He has over 40 manuscripts published in refereed journals and has authored or edited numerous books and chapters for physical therapists on the foot and ankle. He is highly regarded for his clinical expertise. He spent several years with the U.S. Public Health Service and its Hansen's Disease Center where he further developed his expertise in research and practice. He continues with clinical practice in spite of busy teaching, administrative, and travel schedules and is currently the consultant for lower extremity injuries in the Athletic Training/Sports Medicine Division of Northern Arizona University.

Tom is highly sought after as a continuing education course instructor and guest lecturer. He has participated in well over 100 such presentations. His course evaluations from students in the physical therapy program at NAU consistently have the highest possible ratings.

The following quotations from Tom's colleagues and students illustrate his gift and his skill in teaching: "It is rare that a person who is so good at teaching is also successful in research and practice;" "his primary reason for teaching is to help his students become independent thinkers and problem solvers;" "he demonstrates his deep regard for his students both personally and professionally with never-ending availability both during and after office hours;" and finally, "Tom is one of only and very few individuals who can stimulate, motivate, challenge, and change a student."

Please join the Orthopaedic Section in congratulating Tom McPoil!

HOME STUDY COURSES AVAILABLE

94-2 Lumbar Spine
95-1 Foot & Ankle
95-2 The Wrist & Hand
96-1 The Cervical Spine
96-2 Topics in Orthopaedic Assessment
97-1 Hip & SI Joint

Upcoming Courses Include:
97-2 The Elbow, Forearm & Wrist
98-1 Occupational Health

We are also co-sponsoring with the Affiliate Assembly:
97-A Clinical Approach to Management of Arthritis

Outstanding Physical Therapist Student
Kori Eastwood

The Orthopaedic Section's Outstanding Physical Therapist Student Award was presented at the 1997 Combined Sections Meeting to Kori Eastwood. Kori is a member of the class of 1998 in the Doctor of Physical Therapy program at Slippery Rock University. She is currently serving her second term as class president and is a member of the Public Relations Committee of the Southwest District of the Pennsylvania Chapter. She was one of the founding members of the Pre-Physical Therapy Club and currently serves as an advisor.

Kori is regarded by her peers as being a exceptional leader who motivates her classmates to become involved and be visible in community and campus activities. Her clinical interests are in orthopaedics, and her student research project relates to aquatic therapy and balance.

The Outstanding Physical Therapist Student Award was developed to recognize a student with exceptional scholastic ability and potential for contribution to orthopaedic physical therapy and to provide a means for this student to participate in a national meeting.

It is the Orthopaedic Section's hope that Kori will continue to be involved in Section activities, both as a student and as an active member. We look forward to seeing much more of her!

Student Guest Winner '97
Bonnie R. Symes

By Mari Bosworth, PT

Mentoring the Student Guest winner at the Combined Sections Meeting is one of the most enjoyable responsibilities I have as the Chair of the Public Relations Committee. Bonnie Symes, this year's Student Guest winner, was truly a delight to be around. Thank you Bonnie for your enthusiasm and interest in orthopaedic physical therapy. We look forward to your membership and participation in the Orthopaedic Section for years to come!

PROFILE

Educational Background: State University of New York at Buffalo - 4 years Bachelor of Science

Special Honors: Dean's list for 7 semesters

Home: West Seneca, NY

Hobbies: Skiing, reading, racquetball, walking, and swimming

Why did you choose PT? To be able to work closely with people and to help them achieve their goals.

Anticipated Professional Setting: a progressive rehabilitation facility that will allow me to enhance my therapeutic skills and to help me to further my physical therapy education.

Current Affiliations: St. Vincent Health Center - acute care, Hillside Rehab Hospital - rehab, State University of New York at Buffalo Sports Medicine Clinic.

What you liked most about CSM: great opportunity to meet new people and to learn about important current issues in physical therapy.

What you liked least about CSM: not being able to attend all the programs I wanted to due to overcrowded rooms or programming scheduled at the same time.

We challenge you to sponsor 5 students.
By sponsoring 5 students, you receive 1 FREE home study course!!!
(certain restrictions apply)
Call the Orthopaedic Section for more details at 1-800-444-3982.

Orthopaedic Section, APTA, Inc. Sponsor A Student Program Paired Sponsors & Students

SPONSOR	STUDENT(S)
Mari Bosworth	Susanna Cole Carol Ann Stemsrund Angela Heidbreder Juliana Gerodetti Heather Grandusky
Bill Boissonnault	Tricia Shaw Sarah Fern Striffler Rene Rogers Carrie Allen
Linda O'Brien	Kim Sciandra Susan Putzbach
Ronald Schenk	Holly Lauzonia Kim Soscia Marybeth Borio Joe Kerns Michelle Irons
Jean Bryan	Mary Lynn Bounds
Julia Chevan	Angela Ritieni
Charles Curry	Chuck Thomas
Robert Worth	Curt Reinhold
Cynthia Card	Sandy Kruebbe
La Rae Miller	Sue Affond
Jonathan Cooperman	Sara Anne Lewis Jodi Barcus

The Specialization Process

By William H. O'Grady, MA, PT, OCS, COMT, FAAPM

My last report in *Orthopaedic Practice* discussed how we developed test questions for the orthopaedic examinations. This report explains the process employed to score the examination. Rather than use a straight raw score to determine a passing grade in the examination, each question is rated. The specialist certification examination is a criterion referenced examination. The passing score for the examination is based on the content of the exam.

This score is determined by a panel of seven individuals which follows guidelines developed by the ABPTS. This panel consists of Specialty Council Members and Board Certified Specialists. At least one member should have minimal clinical experience in the specialty area.

During the cut score process, each member of the panel is asked to evaluate each question. The panel asked: What is the percentage that a minimally competent Orthopaedic Specialist would correctly answer a particular question. Each member of the panel assigns a value between .00 and 1.00 to each question. If there is more than a .20 discrepancy on the scoring, a discussion takes place. Those panel members who rated the question most difficult and most easy are asked why they rated the question as they did. Because each question now being "cut" was piloted on a recent exam, the panel can go back and see how people have actually performed on it. The panel considers both the history of this question and how they individually rated it. After considering the subsequent information, they are asked if they wish to rate the question the same or would like to rate it either higher or lower than they did. After all the questions are assigned a difficulty level (a "cut" score between .00 and 1.00), the sum of this total, divided by the number of test questions, becomes the pass rate for the exam. This process is conducted each year for all questions which have been piloted in the recent past that will now become part of the exam(s) for upcoming Specialist Certification Exam.

William H. O'Grady, MA, PT, OCS, COMT, FAAPM is Chair, Orthopaedic Specialty Council.

Book and Video Reviews

Coordinated by Michael J. Wooden, MS, PT, OCS

Video Review: "Back In Control" Managing Your Chronic Low Back Pain
Run Time: 30 Minutes

Back in Control is a professionally done video that blends three interdisciplinary approaches to the chronic low back pain population. The developers of the video provide a sound, fundamental video for the average low back pain sufferer. The format of the tape is a layering of the input from each of three team members: The orthopaedic surgeon, James E. Foster, has been working with the chronic pain population for 17 years; the physical therapist, Andrew J. Tatom III, PT has worked with the chronic pain population; and W. Doyle Gentry, PhD, clinical psychologist, both treats and experiences low back pain. Their remarks are both personal and professional.

In addition to the professional information, there are seven patients; Greg, Ed, Kitty, Dale, Don, Coonie, and Ben who are chronic pain sufferers (I wondered if they were actors or not), who represent the typical patients. Their remarks would be familiar to anyone who has worked with this patient population, but have learned to manage their pain. They have gotten past the anger, frustration, fear, and feelings of hopelessness that characterize chronic low back pain patients. They even have Gail the "tough cookie," who decides to get back into the insurance world instead of being isolated and depressed at home. Any patient who sees this tape will find him or herself in any one or many of these patients.

The information on the tape starts with the anatomy of pain and the spine, and progresses to more practical information including posture, lifting, and some autogenic relaxation techniques. This tape does not provide complete instructions on any one of these aspects, but it does identify that these are key aspects of managing chronic pain and flare-ups.

This tape would be very helpful as an introduction to the general public on issues involved in chronic pain management. Many health care professionals who have video televisions in their waiting rooms would also find this tape to be well-suited to that application. The tape seems to be designed for patient education, in that if you had a set-up that a patient could sit and review the video in its entirety, a lot of the typical questions and answers are provided on this tape.

It is not necessarily a tape that a patient would refer back to, but some patients might purchase it.

Overall, the tape provides a very positive, motivating, and educational approach to the chronic low back pain patient. The cassette comes with a very good accompanying booklet that reinforces the information that is provided in the tape and more in-depth glossary of terms that patients would also find useful.

Elise Trumble, MS, PT

Schunk C, Reed K (eds): Rehabilitation Guidelines. Vols. 1,2, and 3, 1995.

Rehabilitation Guidelines volume 1,2, and 3 is a series with volume 1 covering the lower extremity, volume 2 reviewing the spine and TMJ, and volume 3 the upper extremity. Each volume is in a three ring binder for easy access and to allow the clinician to add material in the appropriate places. For the most part, the information is presented in outline form. Each volume is subdivided by area of the body and specific diagnosis. The diagnoses are grouped under three general headings: general, post op, and return to sports. Under each diagnosis there are the components of the initial evaluation with rehabilitation goals followed by a treatment plan which has a specific patient education section, followed by therapeutic procedures. The therapeutic procedures are further divided into acute, subacute, and chronic stages with appropriate modalities, manual therapy, activity level, exercise, and goals listed. Approximate time frames and number of treatments are listed for each area. Each diagnosis concludes with discharge planning, patient responsibility, and a short general bibliography on each diagnostic area. After each body part/joint section there are laminated quick reference sheets. These pages provide a summary sheet of the evaluation, goal, treatment plans, and discharge criteria, along with an average number of treatments per diagnosis.

The text is easy to read and cautions that it does not include every possible evaluation or treatment technique a clinician may use for a specific diagnosis. The treatment suggestions are guidelines and not a specific "cookbook" to treatment. Treatment suggestions are often broad, ie, manual therapy without endorsing one specific technique. In some areas the authors presume the reader knows how to perform a specific evaluation or treatment such as ROM or ultrasound and no other information is provided. In some of the other areas in which there may not be agreement to or knowledge about the test, ie, lumbar stability tests a few supporting statements and/or a reference are provided.

There are also some patient education handouts that can be copied and given to patients. These handouts are easy to read and provide helpful reference material for patients. The focus of the evaluation, treatment, and discharge planning is ensuring that the patient is an active member of the rehabilitation process. The emphasis is on functional outcomes with a realization that in today's practice environment many patients are discharged before all their goals are met. There is an expectation that the patient will continue with his rehabilitation on some type of home program basis.

The only area I found somewhat confusing was in the documentation of the manual muscle test (MMT). In volume 1 the MMT is graded on a 5-point scale which is widely used. In volumes 2 and 3 a 10-point scale is used without a specific reference or operational definition. Although Kendall, McCreary, and Provance describe a 10-point scale in their most recent edition of Muscle Testing and Function, this scale is not universally used, and the introduction of the two scales without clarification is confusing in a quick reference text.

This text would be an excellent purchase for a new graduate or therapist just starting to treat the diagnostic groups reviewed. Physical therapy departments or companies can also use this information as a starting point for peer review and internal audits. Although for years many therapists have balked at standardization of evaluation and treatment parameters insisting that each patient is an individual, our current practice needs to validate what we do and standardize our outcomes

through a consistent approach to patients. This reference guide can provide valuable assistance in that process.

Marty K. Frame, MS, PT, OCS

Malone TR, McPoil T, Nitz AJ. Orthopedic and Sports Physical Therapy, St. Louis, MO: Mosby, 3rd ed. 1997, 633 pp.

The third edition of *Orthopedic and Sports Physical Therapy* introduces the reader to three new editors. Although some of the previous contributors are the same, there are many new clinicians and researchers involved in this edition. After a deserving acknowledgment of the passing of former editor James Gould, the editors explained their primary goals of putting together a third edition. The main reason described is the growth of managed care in medicine and thus a need to provide the entry level practitioner with a solid foundation of orthopedic and sports rehabilitation.

The contents of the text are divided into four sections: basic sciences, evaluation, regional considerations, and special areas. There are a total of nineteen chapters and twenty-eight contributors to the book. The authors do a nice job in directing this book toward the student and new graduate with an outline, learning objectives, and key terms at the start of each chapter. In addition, most of the chapters have review questions at the end, and many have additional readings recommended.

The basic sciences section includes six chapters. These are *Bone, Neurobiology for Orthopedic and Sports Physical Therapy, Biomechanics of Orthopedic and Sports Therapy, Inflammatory Response of Synovial Joint Structures, Fracture Stabilization and Healing*, and *Ligament and Muscle Tendon Unit Injuries.* The chapter on bone discusses the composition, growth, stress/strain, and related problems. Chapters two and three relate the significant influence and direct bond that neurobiology and biomechanics have to orthopedic and sports physical therapy. The highlight of this section is in the chapter on inflammatory response of synovial joint structures. This chapter includes insets of clinical applications which the authors provide the reader with scenarios and the recommended rehabilitation approach.

The section on evaluation contains four chapters including *Evaluation of Musculoskeletal Disorders, Basic Concepts of Orthopedic Manual Therapy, Exercise and Rehabilitation Concepts and Assessment of Strength.* Evaluation of musculoskeletal disorders provides the reader with a two-page chart on guidelines for assessment of pain. All tissue areas are covered—assessment of bone, joint capsules, ligaments/fascia, nerve roots, dura mater, muscle, blood vessels, discs, and articular cartilage. Each assessment includes history, inspection, function, palpation, neural exam, and special tests. The chapter on basic concepts of orthopedic manual therapy touches on most aspects of this art. It introduces the leader to many of the influential names in manual therapy. It begins with traditional manual treatment techniques then proceeds to current and nontraditional manual techniques. The highlight of chapter nine is the section on designing an exercise program. This is often a major weakness of students and new graduates. Chapter ten is one of the most complete chapters in the book. The authors divide it into three parts: general principles, assessment for the lower extremity, and assessment for the upper extremity. The initial segment includes advantages and disadvantages of isometric, isotonic, and isokinetic exercise. The authors do a thorough job covering isokinetic testing and have included the more current issues of functional testing and rehabilitation.

The third section of this text addresses regional considerations. These chapters are *The Foot and Ankle, The Knee, The Wrist and Hand, The Elbow, The Shoulder, The Hip, The Spine*, and *The TMJ*. The foot and ankle chapter is very comprehensive and includes informative illustrations of measurement testing, evaluation procedures, palpation, orthosis fabrication, and case studies. The wrist and hand chapter could be a book in itself. It covers virtually every aspect of wrist and hand care and presents an examination form that is approximately twelve pages long. The chapter covering the shoulder is the high point of this book. This chapter includes a functional assessment chart, the multiple surgical procedures seen, many protocols for reference, and the shoulder joint in sports (tennis, golf, throwing, and swimming). Few other general orthopedic texts provide as extensive coverage of the hip as chapter sixteen. Some of the significant topics consist of the various positions to examine the hip, common hip disorders, case studies, and differential diagnosis. The spine is one of the most complex regions of the spine into one inclusive chapter. This chapter incorporates charts on examining the lumbosacral and cervicothoracic spines, treatment techniques, clear illustrations, and exercises recommended for the trunk. Chapter eighteen covers the TMJ and provides extensive photos of evaluation, palpation, manual testing, special testing, treatment techniques, and patient self-treatment exercises. The author discusses cervical spine disorders and headaches which often play a role with TMJ. Many treatment techniques and evaluation summaries/findings are charted, and few case studies are presented. The final section addresses *Industrial Physical Therapy*. This chapter deals with patient communication, prevention, functional capacity evaluation, and returning to work.

Upon comparing this third edition with the first, the editors have achieved their goal. It targets the entry-level therapist who is pursuing a career in orthopedic and sports physical therapy. This edition emphasizes more function and greater detail of evaluation and treatment. However, it could benefit from more in-depth coverage of sports medicine and the inclusion of sacroiliac evaluation and treatment.

In summary, this text is one of the most complete orthopedic physical therapy texts available. I would highly recommend this book to any school that provides a comprehensive orthopedic physical therapy class. I would also recommend this text to new graduates or therapists who are in need of a thorough orthopedic physical therapy reference book. I would not suggest this text to the clinician desiring an extensive sports medicine book as only a few chapters apply.

Cory B. Tovin, PT

Saidof DC, McDonnough AL: *Critical Pathways in Therapeutic Intervention: Upper Extremity*, St. Louis, MO: Mosby, 1997, 352 pp.

Critical Pathways in Therapeutic Intervention: Upper Extremity is a distinctly innovative textbook which will become an invaluable addition to the physical therapy student's collection of books and the library of the practicing clinician. The scope of this textbook spans varied disorders of the upper extremity and upper quarter which may lend themselves to conservative management rather than surgical intervention. One of the most attractive features of the book is its creatively instructive, problem-based format. Pertinent clinical information is organized in five major areas including: hand and wrist, elbow and forearm, shoulder, brachial plexus/thoracic outlet/shoulder girdle, and nerve/muscle lesions. Twenty-five chap-

ters are presented in a novel outline-type form allowing the reader to assimilate information relevant to each particular disorder based on history, subjective report, and clinical signs and symptoms. The final chapter describes a lower extremity muscle dysfunction scenario as an introductory bridge to the companion volume on the lower extremity that follows.

As a whole, this compendium is a very complete clinical guide for identification and conservative treatment of common upper extremity orthopaedic, neurologic, and rheumatologic conditions which may be routinely encountered in an outpatient physical therapy practice setting. Each chapter is a self-contained didactic, easily read with a clear patient-centered problem presentation and question/answer dialogue. This leads the reader into natural problem-solving pathways of logical, deductive reasoning positively impacting differential diagnosis, treatment program design, and effectiveness of conservative therapeutic interventions. High quality line illustrations along with reference lists at the close of each chapter serve to enhance the quality of this collaborative compendium.

The authors have addressed a clear need within our physical therapy professional education curricula for an easily referenced desktop clinical management resource to assist in assessment and facilitate successful diagnosis-based treatment of common musculoneuroskeletal conditions of the upper extremity and upper quarter. *Critical Pathways* can be a literary model for other authors. It is thought provoking in both form and content, motivating the reader to create and implement an effective, individualized rehabilitation course rather than apply treatment in a rote "cookbook" manner. It is with great anticipation that our profession awaits the publication of the second volume of this exciting teaching series.

Roberta L. Kayser, PT

Section News

BOARD OF DIRECTORS REPORT

REPORT FROM THE CHIROPRACTIC TASK FORCE

The APTA Orthopaedic Section established a chiropractic task force at the 1996 Combined Sections Meeting. The goal of the task force was to accumulate information concerning chiropractor practice, chiropractor infringement on physical therapists' practice, and legislative issues. We have now collected fifty state practice acts for both physical therapists and chiropractors. We also have attorney generals' opinions, research articles relating to the efficacy of mobilization/manipulation efficacy, and other subjects. These articles are categorized and alphabetized for ease of use. The total bibliography is available from the Orthopaedic Section office (800-444-3982), APTA's Government Affairs Office (800-999-2782 ext. 8533), and the American Academy of Orthopaedic Manual Physical Therapists (through Institute of Physical Therapy 800-241-1027). The bibliography will be available soon on the Orthopaedic Section's internet home page and APTA's Government Affairs internet home page. Each article will be abstracted for ease of use. Task force information is intended to help physical therapists having practice and legislative challenges.

The bibliography is categorized in the following areas:

- Definitions
- PT Practice Acts
- Chiropractic Practice Acts and Licensing Boards
- Position Papers - Attorney General-APTA
- Legislation/Lawsuit
- PT Practice of Manipulation
- Chiropractic Practice of Manipulation
- Manipulation Injuries
- Research on Efficacy of Manipulation - PT authors
- Research on Efficacy of Manipulation - other authors
- General Information on Manipulation
- Correspondence

Please forward information helpful to other physical therapists to: Elaine Rosen, at the Orthopaedic Section office, 2920 East Avenue South, La Crosse, WI 54601. An effort to keep the database current will allow us to better serve APTA members.

Elaine Rosen, MS, PT, OCS
Board of Director &
Chair, Chiropractor Task Force

EDUCATION PROGRAM COMMITTEE

COMBINED SECTIONS MEETING

February's CSM in Dallas was quite successful with another year of record breaking attendance. This year the Section joint programmed with several other sections, and our SIGs and Roundtable also sponsored educational presentations. There was a wide variety of quality programming thanks to the efforts of Steve Reischl, Marshall Hagins, Laurie Kenny, Gwen Parrott, Tom Watson, Ellen Hamilton, Kim Schoensee, and Susan Appling. Thanks to all of them for their hard work. A compendium of handouts from all Orthopaedic Section programming is available for $13.00 through the Section office. Audio tapes of the presentations are available through InfoMedix at 714-530-3454.

A subcommittee of the Education Program committee was formed to address the needs of the PTA in the Orthopaedic Section. This committee will be chaired by Gary Shankman who met with several PTAs during CSM. Please contact Gary through the Section office if you would like to discuss your ideas with him.

REVIEW COURSE

This year's Current Concepts Courses (formerly the "Review Course") will be held in Baltimore, July 12 -16, 1997 (Lower Extremity), and in San Diego, November 8 -12, 1997 (Upper Extremity). Please see the full-page advertisement in this issue for more details!

HOME STUDY COURSE

97-1 The Hip and Sacroiliac Joint is currently in progress.

97-A Diagnosis and Management of Arthritis is a 3-month home study course co-sponsored with Affiliate Assembly. It is scheduled to begin in May.

We are in the process of investigating the feasibility of offering our home study courses on the Internet. We may have a CD ROM on the knee for continuing education purposes in the future.

NEEDS ASSESSMENT SURVEY

A needs assessment survey for Orthopaedic Section members was developed by Paul Howard, Ellen Hamilton, and Gary Shankman. This survey can be found on page 12 of this issue.

Lola Rosenbaum, MS, PT, OCS
Chair, Education Program

RESEARCH COMMITTEE REPORT

The Research Committee completed their review of the 10 articles nominated for the Rose Excellence in Research Award for 1996. The winner was Dr. Richard Di Fabio for a paper published in the October 1995 issue of *Physical Therapy*. The paper was entitled "Efficacy of Comprehensive Rehabilitation Programs and Back School for Patients with Low Back Pain: A Meta-Analysis." Dr. Di Fabio presented his research during the Combined Sections Meeting (CSM) on Saturday. The Award was presented at Black Tie and Roses also on Saturday during CSM.

The Research Committee received a total of 33 poster abstracts and 48 platform abstracts for CSM 1997. These numbers are approximately 15% higher than the number of poster and platform presentations at the 1996 CSM meeting. Interest in presenting orthopaedic research at CSM is consistently growing.

A Research Issues Forum on "Interfacing Research with Clinical Practice: Low Back Pain" was held during CSM. Three members of the Research Committee participated in that session. The purpose of the session was to discuss the diagnosis of patients with low back pain and the research needs of those patients.

The committee reviewed a total of 14 proposals for the Clinical Research Grant Program. Three were chosen in the $5,000 grant category: Nancy Henderson, PhD, PT, OCS; Philip McClure, PhD, PT, OCS; Karl Hermann, MS, PT and two were chosen in the $1,000 grant category: Edward Dobrzykowski, MHS, PT, ATC, Kevin McQuade, PhD, PT. The Research Committee was very pleased and excited with the number and quality of the grants submitted.

Daniel L. Riddle, PhD, PT
Chair, Research Committee

ORTHOPAEDIC SPECIALTY COUNCIL REPORT

There were a total of 340 applications for the specialist certification exam held in 1997. Of this total 81 were re-takes and 13 were re-applications of first time exam takers. This compares to 294 applicants in 1996.

A decision was made at CSM on the new testing contractor. ASI, our previous contractor, remained the administer for the 1997 exam. The exam will continue to be taken via the computer in 1998.

There are 13 members of the Specialization Academy of Content Experts (SACE). They are Susan Appling, Anne Campbell, Hilary Greenberger, Robert Landel, Mindy Oxman, Ronna Semonian, Deborah Stetts, Michael Tollan, John Tomberlin, Mark Trimble, Brenda Greene, Alan Lee, and Ann Porter-Hoke. The Specialty Council and the ABPTS would like to recognize their hard work and dedication to the specialization process. The Orthopaedic Committee of Content Experts met during CSM and the item writer workshops were held during CSM.

Recertification booklets were prepared in March, 1997 and sent to all current Orthopaedic Certified Specialists. In the future all newly certified specialists will receive the booklets routinely.

A Forum on Specialist Certification and Recertification was held during CSM.

The Orthopaedic Specialty Council continues to support the proposal that an individual be eligible to sit for the OCS examination immediately upon completion of an APTA certified orthopaedic residency program. The Orthopaedic Specialty Council continues to support the concept of having two options in sitting for the OCS examination. Option #1: Completing an APTA certified residency program, and Option #2: The current requirement of five years of total practice with at least three of those years being in orthopaedics experience.

William O'Grady, MS, PT, OCS, COMT, FAAPM
Chair, Orthopaedic Specialty Council

PRACTICE COMMITTEE REPORT

The preferred relationship between physical therapists and physical therapist assistants is being explored via a consensus conference sponsored by APTA. When this update is authored, two conferences have occurred, the initial conference with physical therapists only and the second with representatives of physical therapists and physical therapist assistants from across the country.

APTA is also working diligently on *A Guide to Physical Therapist Practice Volume II*. Publication of the guide will be after the 1997 APTA House of Delegates.

Anyone researching legislative activities in various states that affect physical therapy may obtain information from the APTA Government Affairs Department. Janice Brannon is the contact for this information (1-800-999-2782 ext. 3162). This department publishes a monthly listing of legislation by state and another listing sorted by subject.

Please plan to attend the APTA Government Affairs Meeting which occurs in Washington, D.C., April 27-29, 1997. This is a wonderful opportunity to participate productively with the government process as well as a great update on what the government has in store for you! APTA sponsors travel and per diem expenses for a representative from each chapter and section. Please consult your Chapter or Section President to determine if you can be the representative to attend. You may also wish to participate in APTA's 9th Annual Component Leadership Seminar scheduled for April 25-26, 1997. Again for this conference, APTA helps defray expenses for representatives of components. The opportunities are so valuable to each physical therapist that even self-funding is well worth the investment.

Many opportunities for participation in state government will occur during the next ten months. It's too late to depend on someone else to represent your interest. Get involved in political campaigns immediately. Volunteer to help a candidate with time and money. Better yet, get elected to public office yourself.

Suggestions for additional activity for the Committee are always welcome. Please address suggestions to:

Scott Stephens, PT
1316 S. Jefferson Street
Roanoke, Virginia 24016
or
SSTEPHENS@APTA.ORG
or
FRHA91A@PRODIGY.COM
or call
540-982-3689
540-342-3506 (fax)

Scott Stephens, PT
Chair, Practice Committee

PUBLIC RELATIONS REPORT

The Student Guest winner for CSM '97 was Bonnie Symes from State University

of New York at Buffalo. Please read Bonnie's report of her CSM experience elsewhere in this issue. A hearty thank you to Michael Tollan, Rick Watson, and Barbara Merrill, all PR Committee members, for their assistance at CSM '97. They assisted with manning the Orthopaedic Section booth and attending the various Orthopaedic Special Interest Groups' business meeting to enable the PR Committee to be in tune to any of their public relations needs.

The Sponsor-A-Student program has matched 22 students to date with a physical therapist willing to pay their one year membership ($15) in the Orthopaedic Section. Approximately 160 students have expressed interest in sponsorship. Please consider making an investment in the future and sponsor a student.

The Media Spokesperson Network now has commitments from 116 therapists in 72 of the top 100 media markets in the United States. Efforts continue on obtaining spokespersons for the remaining markets. Please contact me or the Section office if you would like to serve on the Media Spokesperson Network. Network Spokesperson Agreements have been sent out to all spokespersons. If you are a spokesperson and have not yet returned your agreement, please do so. We are now utilizing the "MCI Fax Broadcasting" system whenever we need to disseminate information. The latest information to be sent out was a memo containing information about the upcoming Component Leadership Seminar to be held April 25-26, 1997, in Arlington, Virginia. If you are a spokesperson and did not receive this fax, please let the Section office know. A sincere thank you to all spokespersons who responded to our call for letters regarding the line of toiletries called "Physical Therapy." Over a dozen members of the network wrote letters registering concern to the co-owners of Philosophy, the company manufacturing the toiletries.

The Orthopaedic Clinical Specialist (OCS) Marketing Project is a work in progress. Goals are to develop a marketing packet to assist physical therapists who become Board Certified as Orthopaedic Clinical Specialists. This would include present and future Orthopaedic Clinical Specialists.

APTA and the Orthopaedic Section will host a toll-free nationwide caller hotline on back pain during PT '97. The hotline is a public service to help educate consumers about the prevention and treatment of back pain. The hotline will be held on Friday, May 30 and Saturday, May 31 from 9 a.m. to 5 p.m. Pacific Time during PT '97 in San Diego, California. Volunteers are needed to staff the two-day hotline. Volunteers' duties will include answering the telephone and responding to callers' questions. Volunteers will be scheduled to work in shifts of two hours or more. Those interested in signing up should call Cheryl Harrison at APTA Public Relations at 1-800-999-2782. ext. 3218.

CSM '97 was a wonderful time to interact and speak with Orthopaedic Section members from across the nation. Many ideas for public relations projects were brought to me in the days leading up to and during CSM. Please continue to bring your ideas to the PR Committee and watch future issues of OP for upcoming projects. One of them may just be an idea that you brought forward. Thanks!

Mari Bosworth, PT
Chair, Public Relations Committee

NOMINATING COMMITTEE REPORT

Following is the Nominating Committee's report on the 1997 election for the positions of Director and Nominating Committee Member for the Orthopaedic Section, APTA, Inc.:

Number of ballots cast:	2376
Number of invalid ballots:	0
Number of valid ballots:	2376

The newly elected Director is Joe Farrell, MS, PT and the newly elected Nominating Committee Member is Jean Bryan, MS, PT, OCS.

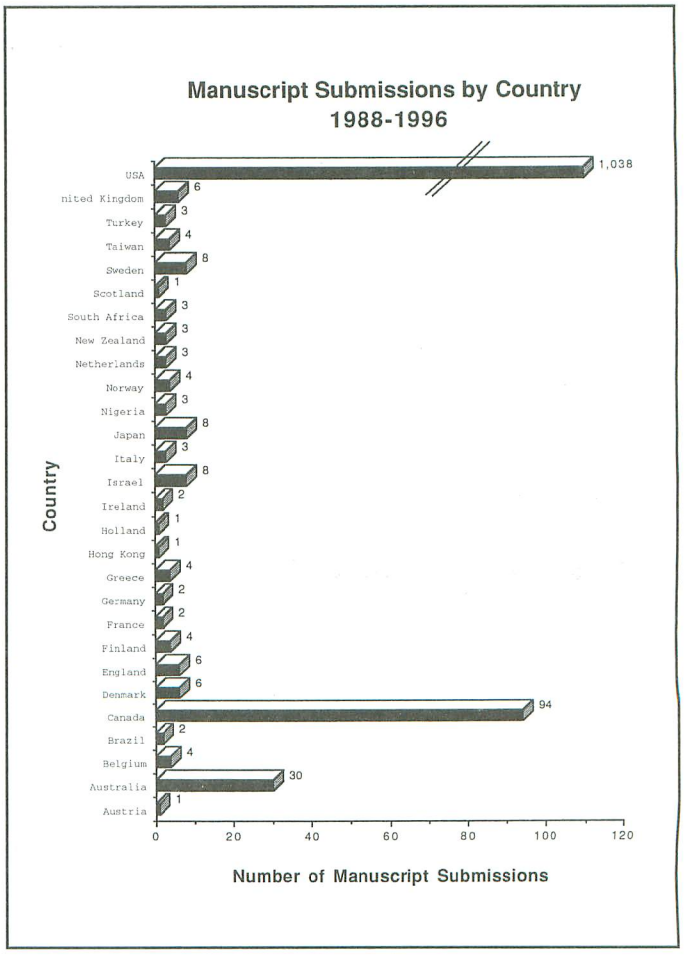
Tony Domench, PT
Chair, Nominating Committee

JOSPT REPORT

INTERNATIONAL VISIBILITY OF JOSPT IS NOTEWORTHY

The level of interest in *The Journal of Orthopaedic and Sports Physical Therapy* (JOSPT) from outside the confines of the United States seems to be significantly increasing. The graph below shows manuscript submissions from a large number of countries, with Canada, Australia, and the Scandinavian countries leading the way. Over the past couple of years, about 1 in 5 manuscript submissions has come from foreign countries.

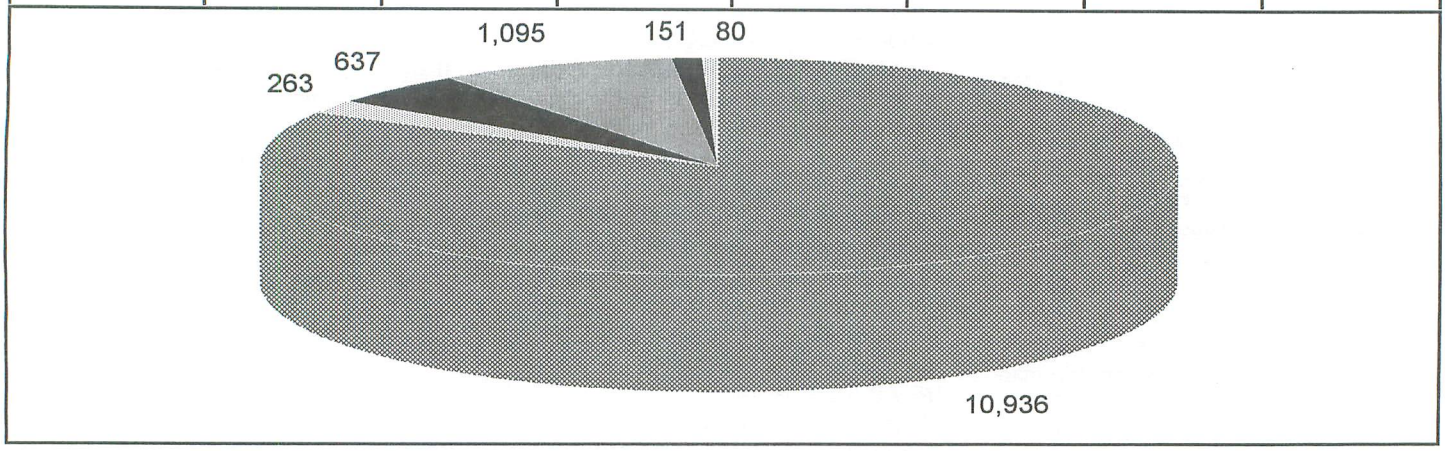
Gary L. Smidt, JOSPT Editor-in-Chief



MEMBERSHIP REPORT

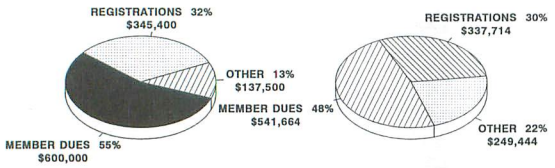
ORTHOPAEDIC SECTION, APTA, INC.
MEMBERSHIP STATUS
1996 YEAR-END TOTALS

	Physical Therapists	Physical Therapists Life-time Members	Physical Therapist Assistants	Physical Therapist Students	Physical Therapist Assistant Students	Graduate Students	Total Members
1996 YEAR-END	10,936	263	637	1,095	151	80	**13,162**



FINANCIAL REPORT

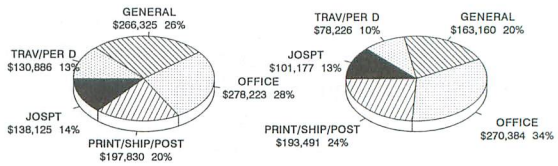
ORTHOPAEDIC SECTION, INC.
BUDGET TO ACTUAL DEC 31, 1996
INCOME: BREAKDOWN



BUDGETED $1,082,900.00 ACTUAL $1,128,821.19

(+4.24% over our expected budget)

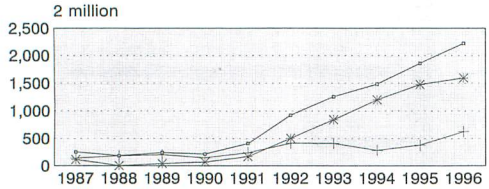
ORTHOPAEDIC SECTION, INC.
BUDGET TO ACTUAL DEC. 31, 1996
EXPENSE: BREAKDOWN



BUDGETED $1,011,389.00 **ACTUAL $806,438.50**

(20.3% under our expected budget)

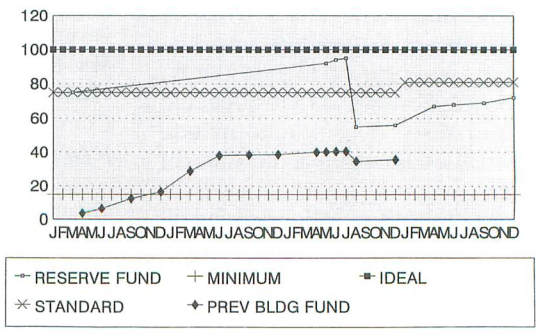
ORTHOPAEDIC SECTION, INC.
YEAR END FISCAL TRENDS FROM 1987-1996
1996 DATA IS AS OF DEC. 31, 1996



ASSETS	255	185	243	217	410	925	1,257	1,484	1,858	2,224
LIABILITIES	141	183	203	148	240	417	413	283	382	629
EQUITY	114	2	40	69	170	508	844	1,201	1,477	1,595

To nearest thousand

ORTHOPAEDIC SECTION, INC.
RESERVE FUND
January 01, 1993 to Dec. 31, 1996



The Orthopaedic Section, APTA, Inc.
presents

CURRENT CONCEPTS: A REVIEW OF ADVANCED ORTHOPAEDIC CLINICAL PRACTICE

APTA Approved CE Provider

PART I: July 12-16, 1997

Doubletree Guest Suites - Baltimore, Maryland
Room Rates: $105 Single/Double - (410) 850-0747

SCHEDULE

Knee	Saturday, July 12	8:30 am-11:30 am; 12:30 pm-3:30 pm
Foot & Ankle	Sunday, July 13	8:30 am-11:30 am; 12:30 pm-3:30 pm
Foot & Ankle	Monday, July 14	8:30 am-11:30 am
Low Back, SI Joint, Hip	Tuesday, July 15	8:30 am-11:30 am; 12:30 pm-3:30 pm
Low Back, SI Joint, Hip	Wednesday, July 16	8:30 am-11:30 am; 12:30 pm-3:30 pm

Course Fees: Part I (Before June 11, 1997)
Orthopaedic Section Member: $550
APTA Member: $600
Non-APTA Member: $650

**Note: Part I is NOT a prerequisite to Part II*

PART II: November 8-12, 1997

Westin Horton Plaza - San Diego, California
Room Rates: $115 Single/Double - (619) 239-2200

SCHEDULE

Cervical Spine, TMJ, Upper Thoracic	Saturday, November 8	8:30 am-11:30 am; 12:30 pm-3:30 pm
Cervical Spine, TMJ, Upper Thoracic	Sunday, November 9	8:30 am-11:30 am
Shoulder & Elbow	Monday, November 10	8:30 am-11:30 am; 12:30 pm-3:30 pm
Shoulder & Elbow	Tuesday, November 11	8:30 am-11:30 am
Wrist & Hand	Tuesday, November 11	12:30 pm-3:30 pm
Wrist & Hand	Wednesday, November 12	8:30 am-11:30 am; 12:30 pm-3:30 pm

Course Fees: Part II (Before October 8, 1997)
Orthopaedic Section Member: $550
APTA Member: $600
Non-APTA Member: $650

- Sign up for both courses and save $75 off the total registraton fee!
- After early-bird deadline date, add $50 to registration fee.
- Instructional Level: ADVANCED (03); Subject Code: (12)
- Contact hours offered for EACH course: 24.75

The purpose of *"Current Concepts: A Review of Advanced Orthopaedic Clinical Practice"* is to provide Orthopaedic Section members and non-members with a process of review. (It is not intended to satisfy examination criteria for the Orthopaedic Physical Therapy Competency Examination, but to serve as a review process only.)

Cancellation received in writing prior to the course date will be refunded in full minus a 20% administration fee. Absolutely no refunds will be given after the start of the course Join the Section and take advantage of the discounted registration rate immediately!

For more information, or to register, complete the form below, detach and mail to:
Orthopaedic Section, APTA
2920 East Avenue South
La Crosse, WI 54601

REGISTRATION

Name: _____ Daytime Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ APTA ID #: _____

Please register me for the folowing course(s)
☐ July 12-16, 1997
☐ November 8-12, 1997

☐ Yes, I want to take advantage of the member rate immediately. *(Please add $50 to your member rate fee)

Enclosed is my registration fee in the amount of $_____

☐ Ortho Section Member ☐ APTA Member ☐ Non-member

Make checks payable to the Orthopaedic Section

☐ Check here if you have special needs that are regulated by the Americans with Disabilities Act.

Orthopaedic Section, APTA, Inc.
Business Meeting

COMBINED SECTIONS MEETING
DALLAS, TEXAS
FEBRUARY 15, 1997

CALL TO ORDER AND WELCOME - President, Bill Boissonnault, MS, PT

BOARD OF DIRECTOR REPORTS

A. President - Bill Boissonnault, MS, PT

1. **=MOTION=** Approve the minutes from the business meeting at CSM in Atlanta, Georgia on February 17, 1996 as printed in the Spring 1996 issue of *Orthopaedic Physical Therapy Practice*. **=PASSED=**

2. The Foundation for Physical Therapy awarded the Clinical Research Grant (CRC) on Work-Related Low Back Injury to the Department of Physical Therapy, School of Health and Rehabilitation Sciences at the University of Pittsburgh. The principle investigator will be Anthony Delitto, PT, PhD.

3. A Clinical Residency Task Force has been developed through the APTA. Bill Boissonnault is chair of the task force and members include Jan Richardson, Rita Wong, Randy Roesch, Marilyn Phillips, and George Davies. The charges to the task force are:

- Review, revise, and finalize all previously developed policy and procedures for resident faculty and program credentialing.
- Review and finalize an application process for credentialing faculty.
- Review and finalize the application process for residency programs.
- Develop an appeals mechanism for both faculty and program credentialing.

4. Seven proposals were received at the Orthopaedic Section office as a result of the request for proposals (RFP) that was sent out for publishing *The Journal of Orthopaedic and Sports Physical Therapy*. These proposals are in the process of being reviewed by an outside consultant which the Orthopaedic and Sports Sections hired. Her recommendations are due back to the Sections by April 1, 1997. A decision on who will be the publisher of the Journal beginning in January, 1999 will be made by the Board of Directors of both the Orthopaedic and Sports Sections during the 1997 Scientific Meeting and Exposition being held in San Diego this May/June.

5. East River Professional Park Update

a. There are four active tenant prospects for the first floor of the Section's office building. We should know by Spring, 1997 whether or not any of these prospects will be committing to some or all of the space.

b. The land sale to the Wovenhearts group for an assisted living facility for the elderly is still being pursued.

6. **=MOTION=** Move to amend Article VII. Board of Directors, Section 1 by: Adding the Practice Committee Chair after the Research Committee Chair. **=PASSED=**

SS: The Practice Committee chair plays a vital role in informing the Board of issues which may need the action of the Section and should sit on the Board of Directors as a nonvoting member.

7. **=MOTION=** Move to amend Article VII. Board of Directors, Section 2, B, 2 by: Adding the Practice Committee Chair after the Research Committee Chair.

SS: To be consistent with the other chairpersons who sit on the Board as nonvoting members.

8. **=MOTION=** Move to amend Article VIII. Committees, Section 2, B by: Changing the word advice to approval.

SS: The Finance Committee members should be approved by the entire Board of Directors because of the fiscal nature of their responsibilities.

9. **=MOTION=** Move to amend Article XI. Elections, Section 2, A by: Adding a second sentence which reads, "A minimum return of mail-in ballots consisting of valid ballots returned from at least five (5) percent of the eligible voters is required for the election to be valid."

SS: A minimum return of mail-in ballots should be required for a mail ballot to be valid. Otherwise, one returned ballot would carry the issue, if it was the only one. This is like setting a quorum at a meeting.

10. **=MOTION=** Move to amend Article XV. Amendments, Section 1 by: Replacing with the following: "The Section Bylaws shall be amended in whole or in part via a mailed ballot. A minimum return of mail-in ballots consisting of valid ballots returned from at least five (5) percent of the eligible voters is required for an amendment change to be valid. A two-thirds (2/3) vote of the returned valid ballots in favor of the proposed amendment change is necessary to adopt an amendment change. The proposed amendment(s) shall be referred to the Board of Directors at least thirty (30) days prior to being discussed by the membership at the annual Section business meeting. Following the annual Section business meeting the proposed amendment(s) shall be published in an official publication of the Section or in a separate mailing and shall be sent to all members at least thirty (30) days prior to the ballot deadline.

SS: A minimum return of mail-in ballots should be required for a mail ballot to be valid. Otherwise, one returned ballot would carry the issue, if it was the only one. This is like setting a quorum at a meeting.

11. The 1996 Paris Award winner is Richard Ritter, MA, PT and the 1997 Rose Excellence in Research Award winner is Richard Di Fabio, PhD, PT.

B. Vice President - Nancy White, MS, PT

1. Attended the Consensus Conferences on the Preferred Relationship between the PT and PTAs at APTA. They looked at skills, who could perform those skills, and should they be involved at all in those skills. APTA is compiling a draft document on the results of the conference.

2. The *Award for Excellence in Teaching Orthopaedic Physical Therapy* was presented to Tom McPoil, PhD, PT of Northern Arizona University. The Outstanding Physical Therapy Student Award was presented to Kori Eastwood from Slippery Rock University in Pennsylvania.

3. A new Section award is being developed entitled the The *James A. Gould III. Research Award*. A draft of the award criteria is currently being worked on.

C. Treasurer - Dorothy Santi, PT (See financial graphs under Section News)

D. Director - Michael Cibulka, MS, PT, OCS

1. Overview of the Clinical Research Center (CRC) Grant Review Process

The Foundation sent our request for proposals to institutions. They were looking for the following criteria: a commitment to keep the CRC running after Foundation money ran out; proposed research

projects which were interdisciplinary and interrelated; must submit individual research projects emphasizing evaluation, prognosis and/or treatment of occupational low back pain; and an administrative component as well as a shared core component for individual research projects. Proposals from nine institutions were originally submitted and then narrowed down from there. The institutions which were left then submitted a formal proposal. Each was 500-600 pages long, the major portion being individual research projects. The reviewers evaluation included overall criteria such as description and critique, budget, shared resources, administrative core, and individual research projects. Evaluations were discussed among the reviewers and each portion of the review for each proposal was rated on a scale of 1 to 5. These grades were then averaged and the winning proposal chosen.

2. The APTA's model component bylaws were compared to the Section's existing bylaws and recommendations were made to bring them into compliance with the APTA bylaws.

3. A chat-board was recently added to the Section's home page on the World Wide Web. Tara Fredrickson at the Section office will be working towards managing the Section's home page in-house.

E. Director - Elaine Rosen, MS, PT, OCS

1. A meeting, sponsored by the Orthopaedic Section and APTA, was held at CSM to share information gathered up to this point on chiropractic issues across the country. Plans to assess the needs of the group as well as to decide on an appropriate forum for the future was also discussed, and it was decided that this meeting will occur at least annually if not semi-annually.

2. The bibliography listing each item the Section has on file that the chiropractic task force has acquired will be available through the Section office. It will also be included on the Section's home page as well as APTA's home page. If you have any additional chiropractic information please forward it to the Section office.

3. Mutual agreements between the Orthopaedic Section and APTA and the Institute of Physical Therapy states that at all three locations there will be a complete file of chiropractic information. The Canadians have a newly formed Manual Therapy Steering Committee which will work with these groups.

COMMITTEE REPORTS

(See Section News)

1. All Committee Chairs recognized their committee members and others who have been instrumental in helping out at CSM or on other projects throughout the past year.

2. Nominating Committee - Manual Domenech, PT

a. The election results were announced and Joe Farrell is our new Director and Jean Bryan in our new Nominating Committee member.

b. A call from the floor for nominations for the 1998 election for the positions of President, Vice President, and Nominating Committee member was conducted. Bill Boissonnault was nominated to run for a second term as President and Nancy White was nominated to run for a second term as Vice President. No nominations came forth for Nominating Committee member.

RECOGNITION OF OUTGOING OFFICERS

The following individuals were recognized for their contributions to the Section:

OFFICERS
Michael Cibulka - Director
Z. Annette Iglarsh - Immediate Past President
Sam Brown - Past APTA Board Liaison

COMMITTEE CHAIRS
Lola Rosenbaum - Co-Chair, Education Committee
Mary Ann Sweeney - Chair, Orthopaedic Specialty Council
Carol Jo Tichenor - Past Chair, Nominating Committee
Manual Domenech - Chair, Nominating Committee

SPECIAL INTEREST GROUP PRESIDENTS
Dennis Isernhagen - Occupational Health
Tom McPoil - Foot and Ankle
Sean Gallagher - Performing Arts
Gaetano Scotece - Pain Management

SPECIAL INTEREST GROUP OFFICERS
Occupational Health
Helene Fearon
Ed Barnard

Foot and Ankle
Irene McClay
Mark Cornwall
David Sims

HOME STUDY COURSE EDITORS
Paul Beattie
Jonathan Cooperman

OLD/NEW BUSINESS

None.

Orthopaedic Section, APTA, Inc.

1997 Scientific Meeting And Exposition San Diego, California May 29 - June 2

Meeting Schedule

Thursday, May 29

7:00 - 10:00 PM
Board of Director/Committee Chair dinner meeting

Friday, May 30

7:30 - 9:30 AM
Elected Officer Meeting

8:00 AM - 5:00 PM
APTA Low Back Hotline

Saturday, May 31

8:00 AM - 5:00 PM
APTA Low Back Hotline

8:00 - 10:00 AM
Task Force Reports/
Business Meeting

Noon - 1:00 PM
Board of Directors Meeting
(continued) Luncheon

Sunday, June 1

7:00 - 8:30 AM
JOSPT Advisory Council Breakfast Meeting

2:00 - 3:30 PM
Finance Committee Meeting

THE SPECIALTY SECTIONS
of the
AMERICAN PHYSICAL THERAPY ASSOCIATION
Hereby Offer This

CALL FOR PARTICIPANTS

MULTISECTION PLATFORM AND POSTER PRESENTATIONS
APTA COMBINED SECTIONS MEETING
Boston, Massachusetts
11-15 FEBRUARY 1998

Persons wishing to make platform or poster presentations of
RESEARCH, SPECIAL INTEREST, CASE STUDIES, OR THEORY
are invited to submit abstracts for consideration.

ALL SECTIONS ARE USING A COMMON SUBMISSION DATE AND FORMAT FOR CSM ABSTRACTS

DEADLINE FOR RECEIPT OF ABSTRACTS IS TUESDAY, 15 JULY 1997

CONTENT:
- **RESEARCH** reports must include in order 1) purpose or hypothesis of the study; 2) number and kind of subjects; 3) materials and methods; 4) type(s) of data analysis used; 5) results; 6) conclusion; 7) clinical relevance. This category would also include single subject research designs.
- **SPECIAL INTEREST** reports must present a unique program, idea or device and must include 1) purpose of the presentation; 2) description; 3) summary of experience or use; and 4) the importance to members of the Section to which the abstract is submitted.
- **CASE STUDIES** must 1) present the treatment of a patient or a series of patients; 2) provide unique insight into the treatment or natural history of conditions seen by physical therapists; and 3) must include accurate descriptions of the patients, treatments, and outcomes.
- **THEORY** presentations must 1) state the phenomenon that the theory proposes to explain or predict; 2) explicitly state the theoretical proposition or model; 3) give the evidence on which the theory is based; 4) suggest ways that the theory could be tested; and 5) describe the importance and utility of the theory to the section members to which the abstract is submitted.

LIMITATIONS:
- Each prospective presenter may submit ***no more than two*** abstracts to any individual Section.
- The same abstract may not be submitted to more than one Section.
- The primary (first) author of the abstract ***must be a current member in good standing of the Section to which the abstract is submitted OR must be sponsored by a current member in good standing of the Section to which the abstract is submitted.***
- Each abstract must indicate if the material has been/will be submitted or presented at any other national or international meeting or appear in publication prior to the 1998 Combined Sections Meeting. If the material has been/will be submitted or presented or published prior to the 1998 Combined Sections Meeting, the specific meeting/journal and date of prior submission/presentation/publication must be indicated. Some sections will only consider original material for presentation or may restrict presentations to those that have not yet been available to the Section members.
- Some Sections may have other limitations on submitted material. See listing of the individual Section Contacts for details.

EVALUATION AND SELECTION:
- All abstracts are reviewed by the Section declared on the Abstract Form, without knowledge of the identity of the authors by selected member(s) of the Section to which the abstract is submitted. Abstracts are selected on the basis of compliance with the content requirements, logical arrangement, intelligibility, and the degree to which the information would be of benefit to the members of the Section. All selections are final.

FORM:
- ***All abstracts must be submitted on the approved*** **Abstract Form**, following the instructions below and the sample on the reverse side of the Abstract Form. The **Abstract Form** may also be photocopied provided the photocopy is a clean and legible copy.

FORMAT:

All abstracts must be submitted on the approved Abstract Form in the format outlined below:

- No printing may ***exceed*** the limits of the Abstract Box, nor should printing ***touch*** the lines of the Abstract Box. The only other printing that is to appear on the Abstract Form is the required information.
- The print must be clear, dark, elite or pica size (10 or 12 point type) and produced on an electric typewriter, letter quality printer (impact or laser) or a high quality dot matrix printer with near-letter-quality type. The abstract must use standard abbreviations and should not contain subheadings, figures, tables of data or information that would identify the authors or the institution.
- Identifying information must be single-spaced inside the Abstract Box, beginning just below the top margin of the Abstract Box, and must include only 1) the title in all capitalized letters; 2) the full last name(s) and first and middle initials of the author(s) with the presenter's name underlined; 3) the institution/facility where the work was done; 4) the city and state of the institution/facility where the work was done; 5) acknowledgment of any financial support for the work being presented. ***Do not*** add headings, such as *Title, Author, Address,* etc. for the identifying information printed at the top of the Abstract Box.
- The body of the abstract must be ***single-spaced.*** Section headings, such as *Purpose, Methods, Data,* etc. should appear in a different type face, such as **bold** or *italic.* The Section headings may be within a line of text, or they may start a new line.
- ***All*** information on the Abstract Form must be provided in printed format.

COPIES:

For ***each separate abstract*** submitted please provide ***in the following order:***

- Two (2) copies of the completed Abstract Form with all identifying information on the Abstract Form, and the information provided within the Abstract Box (title, authors, institution, city, state, funding if appropriate) as part of the abstract.
- Five (5) copies of the abstract with ONLY the title and the body of the text (eliminate all identifying information except the title within the Abstract Box). ***Do not*** complete the identifying information on the Abstract Form for these five (5) copies.
- Paper-clip ***(do not staple)*** all seven (7) pages together if more than one abstract is enclosed in a mailing.
- ***No*** fax, e-mail, or other electronically transmitted submissions will be accepted. ***Do not*** fold. Mail flat.
- **Mail all submissions to:** Scott D. Minor, Ph.D., P.T.
  SOR, Program Chair
  Washington University School of Medicine
  4444 Forest Park Blvd., Campus Box 8502 *(or Room 1101 for Express Deliveries)*
  St. Louis, MO 63108
  (314) 286-1432 (voice) or minors@medicine.wustl.edu (e-mail)

Orthopaedic Section, APTA Inc. Board of Directors Meeting

FEBRUARY 14, 1997

The CSM Board of Directors meeting was called to order in Dallas, Texas at 8:00 AM on Friday, February 14, 1997 by President Bill Boissonnault.

ROLL CALL:

Present
Bill Boissonnault, President
Jonathan Cooperman, *OP* Editor
Nancy White, Vice President
Bill O'Grady, Specialty Council Chair
Dorothy Santi, Treasurer
Scott Stephens, Practice Chair
Michael Cibulka, Director
Mari Bosworth, Public Relations Chair
Elaine Rosen, Director
Tony Domenech, Nominating Committee Chair
Lola Rosenbaum, Education Chair
Dan Riddle, Research Chair
Terri Lunder, Executive Director
Jan Richardson, APTA Board Liaison
Sharon Klinski, Publishing Manager
Joe Farrell, Guest - Newly elected Director
Tara Fredrickson, Meetings Coordinator
Catherine Patla, Guest - Incoming Nominating Committee Chair
Stanley Paris, Guest

Absent:
None

MEETING SUMMARY:

The minutes from the Fall Board of Directors meeting (October 4-5, 1996) in La Crosse, Wisconsin were approved by the Board as printed. Conference call minutes from December 20, 1996 were also approved as printed.

The agenda for the CSM Board of Directors meeting on February 14, 1997 were approved with minor changes to allow for unopposed exhibit hall breaks.

=MOTION 1= The Orthopaedic Section will support all candidates that are Orthopaedic Section members if more than one Orthopaedic Section member is slated for a particular national office. **=WITHDRAWN=**

=MOTION 2= The Orthopaedic Section develop the James A. Gould III Research Award. **=PASSED=**

=MOTION 3= The Orthopaedic Section research new investment advisors with a possibility of changing brokerage accounts. **=PASSED=**

=MOTION 4= The Orthopaedic Section will fund $1,500 per year to the clinical research grant program to provide funding of $300 per grant recipient to allay expenses for presenting research at CSM. **=PASSED=**

Adjournment - 5:00 PM

Help Us Respond To Back Pain

Volunteers are needed to staff a two-day hotline on back pain during PT '97 in San Diego, California. Those interested in signing up should call Cheryl Harrison at APTA Public Relations at (800) 999-2782, ext. 3218.

Volunteers' duties will include answering the telephone and responding to callers' questions about the general causes of back, neck, and leg pain; how to avoid back injury; strengthening tips and exercises for the back; and treatment options for back pain. Volunteers are asked to give two hours of their time to the hotline. Five lines will be operated from 9 a.m. to 5 p.m. Pacific Time on Friday, May 30th and Saturday, May 31st.

APTA and the Orthopaedic Section are cosponsoring this public service event to help educate consumers about the prevention and treatment of back pain. APTA Public Relations will soon begin promoting the hotline to selected media across the country. By the time the hotline begins, callers will have "gotten word" through national and local newspapers, magazines, and radio and television shows. The hotline is a great public service and lots of fun, so volunteer today!

FYI

The Orthopaedic Section will not offer refunds on purchased promotional items once the items have been mailed out of the Section office. If the items arrive damaged or are defective, notify the Section office immediately so arrangements can be made for an exchange.

Space limitations do not allow us to print the following lists:

Study Groups
Clinical Research Consultants
Residency Programs
Mentor List

If you are interested in obtaining any of the above information, please contact us at 800/444-3982 and we will gladly mail, FAX or E-mail the list to you.

HSC 97-2 TOPIC:
THE ELBOW, FOREARM, AND WRIST

Proposed Topics and Authors

Disorders of the Wrist and Distal Radioulnar Joint
Carol Waggy, PhD, PT, CHT

Gymnastic Injuries to the Elbow, Forearm, & Wrist
Jill Troisi, BS, PT

Elbow & Forearm Fractures
Rebecca Saunders, PT, CHT and Jane Schmidt, PT, CHT

Peripheral Nerve Compression Neuropathies
Carolyn Wadsworth, MS, PT, OCS, CHT

Reflex Sympathetic Dystrophy Syndrome
Susan Stralka, MS, PT and Laura Chunn, PT

Athletic Injuries about the Elbow
Lori Thein Brody, MS, PT, SCS, ATC

Objective:
The objective of the Orthopaedic Section Home Study Course is to provide the physical therapist with a distance learning experience on issues relating to assessment, treatment and research as these topics apply to the patient with musculoskeletal problems.

Subject Code: Orthopaedics

Instructional Level: Various

Editor: Carolyn Wadsworth, MS, PT, OCS, CHT

Registration & Fees:

Register by June 6, 1997; Limited supply available after this date.

$150 Orthopaedic Section Members
$225 APTA Members
$300 Non-APTA Members

Educational Credit: 30 contact hours. A certificate of completion will be awarded to participants who successfully complete the final test. Only the registrant named will obtain the CEUs. No exceptions will be made. ****Absolutely no refunds will be given after the start of the course!****

Special discounted rates are available for institutions with multiple registrants. Please call the Section office for complete information.

Make check payable to:
Orthopaedic Section, APTA
2920 East Avenue South
La Crosse, WI 54601
1-800-444-3982 or
608-788-3982
FAX 608-788-3965

Please call the Section office at 1-800-444-3982 for further information.

Registration Form
ORTHOPAEDIC PHYSICAL THERAPY HOME STUDY COURSE 97-2

Name _____
Mailing Address _____
City _____
State _____ Zip _____
Daytime Telephone Number (_____) _____ APTA # _____
(Please add Wisconsin, Stadium, County Tax where applicable _____ County)
Please check:
☐ Orthopaedic Section Members
☐ APTA Members
☐ Non-APTA Members

JOIN THE SECTION AND TAKE ADVANTAGE OF THE DISCOUNTED REGISTRATION RATE IMMEDIATELY!
☐ I wish to become an Orthopaedic Section Member ($50).

AD

Veterinary Physical Therapy (proposed) Special Interest Group

By Lin McGonagle, PT

As many of you may know, in 1993 the House of Delegates published a position statement on physical therapists and their relationships with Veterinarians (HOD 06-93-20-36): *The APTA endorses the position that physical therapists may establish collaborative, collegial relationships with veterinarians for the purpose of providing physical therapy services or consultation.* In addition it stated that, *physical therapists are the provider of choice for the provision of physical therapy services regardless of the client.*

In the past five years there have been two presentations on the topic of physical therapy for animals at APTA national conferences. Merry Lester, PT and Robert Taylor, DVM participated in the June 1992 Conference in Denver, CO. They shared their experiences during a lecture entitled "Physical Therapy for Small Animals." During the APTA Scientific Meeting and Exposition in June 1996, current research was presented by Darryl Millis, DVM and David Levine, PhD, PT in the course "Physical Therapy in Veterinary Medicine." Both lectures were well attended.

Articles in *ADVANCE* (Oct. 21, 1996) and *PT MAGAZINE* (March 1996) have generated interest in over 175 therapists across the country. Based on requests for information, a newsletter, *Veterinary Physical Therapy*, was created. It outlines the benefits, application, techniques, and resources relating to physical therapy for animals. The newsletter also includes a discussion of legal and practice issues as well as a summary of research conducted at the University of Tennessee.

The Veterinary Physical Therapy SIG is being formed to provide information and educational programs on the evaluation and treatment of animals. There are plans to establish a network of physical therapists nationwide as well as to promote research in this emerging field.

We are in the early stages of becoming a SIG, and we need your support! Please contact Tara Fredrickson at the Orthopaedic Section office, 800/444-3982, to add your name to our membership list! We need names of at least 200 Orthopaedic Section members by July 1, 1997! If you would like a copy of the newsletter, please contact Lin McGonagle, PT at: 3651 McAllister Road, Genoa, NY 13071; Phone: 315/497-0333; Fax: 315/497-1461.

Representatives of this proposed special interest group will be at the San Diego National Conference, May 31 - June 4. We will be available at the Orthopaedic Section Practice Issues Forum and at the Orthopaedic Section booth. We look forward to meeting you and hearing your ideas!

Occupational Health Physical Therapists Special Interest Group

Orthopaedic Section, APTA, Inc.

Spring 1997 Volume 4, Number 2

NEWSLETTER

What Is...The Bylaws Committee?

The bylaws for OHPTSIG provides a roadmap for this organization by describing the destination (Article II Object), highways (Article III Function), and guides (Article VII. Officers, Executive Board). According to the bylaws, the SIG's objective is "...To provide a forum where persons having a common interest in Occupational Health Physical Therapy may meet, confer, promote practice and research, and influence appropriate legislative and regulatory bodies in the field of Occupational Health." SIG members who review this objective and subsequent functions after reading reports by Executive Board members will agree that the mission is on target and accomplishments have been tremendous, although we have not yet reached the destination.

Initially, members of the Bylaws Committee were very busy assuming critical roles in obtaining official recognition for the OHPTSIG. After committee members worked for several months on reviews and revisions, the bylaws were approved per governance protocols (Bylaws Committee, Executive Board, Orthopaedic Section, and APTA).

As Bylaws Committee Chair, I have attended all Executive Board and membership meetings as a resource person to confirm, sometimes to question, whether suggested activities are in accordance with the bylaws. If any item has warranted a bylaw change, committee members and I have developed and recommended bylaw changes or suggested revisions to assure bylaw compliance. Since adoption of the original bylaws, only two major changes have been necessary:

1. Addition of the Research Committee and
2. Editorial changes to comply with the Orthopaedic Section bylaw changes. Besides activities directly related to the bylaws, I have substituted or assisted other Executive Board members and written Legal Beagle articles regularly.

OHPTSIG's destination is not finite and should changes occur in parallel to the rate of change in the health care industry, it should be predictive of unknown changes through the representative visions of each of our members. Active participation by each SIG member is directly proportionate to ultimate success of the OHPTSIG. I challenge each member to:

* review SIG bylaws (Contact the Section office for a copy).
* attend and participate in our business meeting at CSM.
* submit ideas/concerns (including bylaw recommendations) to any Executive Board member or to the Orthopaedic Section office between scheduled meetings.
* volunteer to help with a SIG committee.
* tell one colleague each month about the value of OHPTSIG membership.

Kathy Lewis, JD, MAPT
Chairman, Bylaws Committee

CONTENTS

WORK CONDITIONING OUTCOME STATISTICS REVISITED

In the Spring 1996 OHPTSIG Newsletter, outcome data from an outpatient work conditioning program in southwestern Pennsylvania was presented. The data was based on clients discharged from a work conditioning program during the first quarter of 1994. Outcome data was again compiled from the same work conditioning program based on clients discharged during the first three quarters of 1996. The purpose of this article is to present the updated outcome data and to briefly compare the results to those of 1994.

The work conditioning program is operated at a free-standing outpatient orthopaedic physical therapy clinic. Services are performed and supervised by physical therapists with the assistance of physical therapy aides. Program participants include physical therapy outpatients who progress to their maximum safe functional level and clients referred to the office for the first time for the work conditioning program. The program includes clients with spinal or extremity injuries. An intake evaluation is performed to plan the program for each client. When clients are re-evaluated a physical capabilities' evaluation is completed based on the clients' performance in the program. Program components include treadmill warm-up and cool down, a stretching program individualized to the clients' needs, a circuit of general and specific work simulation tasks, upper and lower body cycling, and a progressive weight training circuit.

A comparison of the program outcome statistics is provided below:

1994		1996
15 (100%)	Total Clients	70 (100%)
12 (80%)	Total Clients who returned to work	55 (78%)
07 (47%)	Total Clients who returned to work full duty	27 (39%)
05 (33%)	Total Clients who returned to work mod. duty	28 (39%)
03 (20%)	Total Clients who did not return to work	15 (22%)
21	Average # visits per client	14

The results reveal that the return to work success rate did not change significantly over the two-year period even with the much larger client population. More significant however, is the fact that the return to work rate did not change despite a 33% decrease in the number of visits per client. Contributing factors to the decrease in visits may include improved communication between all involved parties, an increased willingness on the part of employers to provide modified work options, and changes in state worker compensation legislation. The results of this data review suggest that work conditioning programs continue to be an effective treatment strategy for rehabilitating injured workers, and we, as service providers, appear to be adapting to meet the needs of employers and insurance companies in the rapidly changing industrial rehabilitation market place.

Mark Kerestan, PT, PA-C
Orthopedic and Sports PT Associates
Belle Vernon, PA

SECRETARY'S CORNER

We thought that spring would never arrive but here it is as predicted! Those of us who attended the Combined Sections Meeting for the APTA in Dallas got a taste of spring in February. We were fortunate to enjoy a couple of very beautiful 65+ degrees F days which lifted spirits and gave us the energy to be very productive at both the OHPTSIG annual membership meeting and the Executive Board meeting. Approximately 30 people were present for the business meeting. We were able to officially welcome our new president Ed Barnard and say a fond farewell to our outgoing president Dennis Isernhagen. The vote was unanimous to originate and facilitate the Dennis Isernhagen Award for outstanding performance in the area of occupational health physical therapy. This award will be presented annually.

CSM is a great opportunity to network with peers who are also interested in occupational health physical therapy. We were able to talk and exchange ideas about what is happening in every aspect of our practice from ergonomics to the internet. This newsletter is also a great way to inform other clinicians about your practice and the opportunities that exist for physical therapists in industry. We challenge each OHPTSIG member to write one short article for the newsletter this year. Submission guidelines were published in the winter edition. If you have questions about submission criterion, contact Sharon Klinski at the Orthopaedic Section office or Bobbie Kayser, PT at (502)897-0100.

As we practice within our PT profession, we contact many people, most of whom are patients, individuals whose lives have been affected, often forever changed, by injury or illness. One of the most important things we need to remember is that unless we touch the lives of our patients, talk to them, teach them, we may not be able to empower them to heal and return to maximal function. I recently shared the

poem below with a friend and fellow PT who encouraged me to share it with all of you.

Bobbie Kayser, PT
Secretary, OHPTSIG

THE HUMAN TOUCH

'Tis the human touch in this world that counts,
The touch of a hand in kind,
Which means far more to the fainting heart
Than shelter and bread and wine;
For shelter is gone when the night is o'er,
And bread lasts only a day,
But the touch of the hand and sound of the voice
Sing in the soul always.

Spencer Michael Free

OCCUPATIONAL HEALTH PT SPECIAL INTEREST GROUP EDUCATION COMMITTEE REPORT

The Education Committee of the OHPTSIG is currently working with the Orthopaedic Section to develop a home study course in Occupational Health PT to be available in 1998. We are developing ideas for topics and issues which need coverage and a list of potential authors. To date we have identified a need for authors to write about the following topics:

- Work Hardening/Work Conditioning Guidelines
- FCE Guidelines
- Management of the Acute Injured Worker and Onsite PT
- Consulting: Injury Prevention and Ergonomics
- Risk Management/Legal Issues: Union Issues, OSHA, Workers' Compensation, Documentation, and Utilization Review
- Marketing and Technology Resources
- Outcome Measures
- Reimbursement

The OHPTSIG is also investigating the potential of sponsoring a seminar to cover much of the same topics. If you or a colleague is interested in participating on the Education Committee to assist us in meeting these goals and the needs of our members, please contact:

Gwen Parrott, PT, OCS
OHPTSIG Education Chair
Therapy Resources & Consulting, P.S.C.
3300 Historic Drive
Louisville, KY 40299
Phone: (502) 493-0031
FAX: (502) 493-8182

THE FOLLOWING ARE TWO PUBLICATIONS ABOUT RETURN TO WORK THAT CAN BE ORDERED:

Program Redesign Necessary To Encourage Return to Work. April 1996, GAO/HEHS-96-62

Return-To-Work Strategies From Other Systems May Improve Federal Programs. July 1996, GAO/HEHS-96-133

Ordering Information:

The first copy of each GAO report and testimony is free. Additional copies are $2.00. Visa and MasterCard are accepted. Orders for 100 or more are discounted 25%.

For information on how to access GAO reports on the INTERNET, send an E-mail message with "info" in the body to info@www.gao.gov or visit GAO's World Wide Web Home Page at http://www.gao.gov.

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(301) 258-4066

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(301) 413-0006

MEMBERSHIP IN THE OCCUPATIONAL HEALTH SIG IS OPEN TO ANY MEMBER OF THE ORTHOPAEDIC SECTION. TO JOIN, SIMPLY CONTACT TARA FREDRICKSON AT THE SECTION OFFICE, 1-800-444-3982.

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◆Foot and Ankle◆

Special Interest Group

Orthopaedic Section, APTA, Inc.

NEWSLETTER

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Performing Arts Special Interest Group

Orthopaedic Section, APTA, Inc.

NEWSLETTER

PRESIDENT'S MESSAGE

CSM '97 in Dallas was a great success for the Performing Arts Special Interest Group. I've asked Marshall Hagins to report on the programming which we consider to be a great success. We were successful in organizing committees and setting expectations and objectives of the committees. We are grateful for those who graciously volunteered to work on various committees. The following committees have been organized:

Education/Programming	Marshall Hagins
Bylaws	Enid Woodward
Practice	Shaw Bronner
Nominating	Marika Molnar
Research	Jennifer Gamboa
Public Relations/ Membership	Brent Anderson
Web-site Committee	Nick Quarrier

Please see Shaw Bronner's report for more detail regarding the expectations and those who sit on the committees. If you feel that you can be of help or would like to sit on one of the committees, please contact the appropriate committee chair.

The PASIG was able to meet three of its goals from CSM in Atlanta. The programming and the committee organization, as above, were two of the goals; but we were also successful in producing a Membership Directory. The directory is available to all members and nonmembers for $2.50. The check should be made payable to the Orthopaedic Section. Please contact Tara at the Orthopaedic Section office for more detail.

We invite all therapists who currently work with performing artists who are not members of the APTA to join us. We hope that you will share the same vision as the PASIG in producing and publishing quality research that will benefit not just the field of physical therapy, but be a major asset world wide in the field of performing arts medicine. Another goal of the PASIG is to improve the awareness of the performing arts community of the valuable services that physical therapists can and do contribute. This will allow us as a professional body to know what is expected of a physical therapist who specializes in performing arts medicine and share that information with the public.

We invite members of the APTA who have an interest in the field of performing arts medicine to take advantage of materials and education that will be provided. We understand that there are those who already belong to many sections but wish to participate in the PASIG. Any APTA member can belong to the PASIG, but voting privileges are for members of the Orthopaedic Section only.

Lastly I wish to touch on the advances of technology that are allowing us to disseminate information much faster. Thanks to Nick Quarrier we are on-line with a web page that will soon be tied into the Orthopaedic Section's web page. We will provide members with the latest in research, abstract calls, and even question/answer capabilities. The ball is rolling forward and though we are a small special interest group, we hope to have a mighty impact on the performing arts community. Who better to serve this community?

Brent Anderson
President, PASIG

1997 CSM PASIG PROGRAMS

Despite threatening airline strikes, Dallas was a great success for the Performing Arts Special Interest Group. Our programs were well attended, and we were successful in setting realistic objectives for the future. Following a Thursday evening PASIG reception, members and friends joined us at a performance of Dallas Black Dance Theater. Thanks go to our educational seminar presenters: Peter Marshall from American Ballet Theater for his presentation on manual treatment of the classical dancer's foot, Katy Keller who presented on lumbopelvic asymmetry in dancers, and Nick Quarrier who presented an introduction to evaluation and treatment of the musician. Two professional violinists joined Nick. Two dance medicine videos were also presented on evaluation of the dancer. We are grateful to all who worked so hard to organize our 1997 events.

The 1997 PASIG Membership Directory is now available through the Orthopaedic Section office. Our new Website home page address is included in the directory. Thanks go to Nick Quarrier, our Webmaster. Contact Tara Fredrickson at the Ortho Section for more information.

The PASIG met three of its goals set in Atlanta at the 1996 CSM. We produced our first membership directory and achieved committee and programming organization. Included in our Business Meeting Minutes are the Chairs and goals of each committee. If you feel you can be of help or would like to sit on a particular committee, please contact the appropriate committee chair.

We also invite all therapists to join us if you share our interests. Our goals include improving awareness in the performing arts community of the valuable services physical therapists can provide, promoting and supporting quality research in the field of performing arts medicine, and establishing a standard of care in this arena.

Shaw Bronner, PT
PASIG Secretary

1997 BUSINESS MEETING MINUTES
COMBINED SECTIONS MEETING, DALLAS, TX

Present: 24 members
Observing: Bill Boissonnault, Orthopaedic Section President and Tara Fredrickson, Orthopaedic Section Meetings and Projects Coordinator

Brent Anderson, PASIG President, chaired and opened the meeting.

1. The 1996 Annual PASIG Business Meeting Minutes, made available to the members through *OP* and before this meeting, were accepted as printed.
2. The 1996 Treasurer's Report was presented by Jennifer Gamboa.
3. The Executive Committee Report was presented by Brent Anderson. He explained PASIG meetings will be run according to Robert's Rules of Order, with discussion time available to the membership at the end of old or unfinished business. Thanks were made to the other members of the Executive Committee: Marshall Hagins, VP and Programming Chair; Shaw Bronner, Secretary; and Jennifer Gamboa, Treasurer. He introduced the Chairs of the Standing and Special Committees, who each spoke in turn.
4. **Bylaws Committee: Enid Woodward.** With the template provided to each SIG by the Orthopaedic Section, the members were invited to submit proposed revisions. Changes must be ready by April to present to the membership. The membership will be given a minimum of 30 days to review and will then vote on them at the 1998 Annual Business Meeting.
5. **Nominating Committee: Marika Molnar.** Jennifer Gamboa stood in for Marika. PASIG elections were delayed for one year while awaiting for the new Orthopaedic Section Bylaws template and guidelines. Two officers are to be elected for 1998: President and Secretary. Nominations will be due by 10/31/97, and ballots will be sent out by 12/1/97. Only PASIG members who belong to the Orthopaedic Section have voting rights. Additional committee members were nominated and seconded: Donna Ritter and Katy Keller.
6. **Practice Committee: Shaw Bronner.** Goals: To develop dance and music-specific terminology. This will then be used as a base for developing practice guidelines for performing arts specialists. The Orthopaedic Section is interested in potentially developing an OCS exam addendum for SIGs.
7. **Research Committee: Jennifer Gamboa.** Goals: To identify areas in need of research, establish a network for design and implementation of research, and liaison with the research mentoring group within the Orthopaedic Section. To actively promote and support the presentation of clinical research 3 to 5 times per year.
8. **Education and Programming Committee: Marshall Hagins.** Goals: To continue to present high quality educational programming for the PASIG and general PT membership in the area of incidence, etiology, assessment, and treatment of common performing arts injuries. To develop educational programs to support development of clinical research in the performing arts. To develop educational programs to support development of clinical research

in the performing arts. To develop educational programs for community outreach and performing arts practice development. To develop educational programs to fulfill practice standards as they are developed by the Practice Committee.

9. **Public Relations/Membership Committee (Special): Brent Anderson.** Goals: To increase PASIG visibility to other practitioners and the community at large. Develop membership through interesting PTs currently not part of the APTA.

10. **Website Committee (Special): Nick Quarrier.** The PASIG Website home page was presented on an overhead. The address is as follows: http:\www.ithica.edu\hshp\pt\pt1\pasig.html This will be linked with the Orthopaedic Section's home page after March. Nick outlined types of information that can be included on our page. This includes PASIG philosophy or mission, goals, newsletters, membership sign up, and a chat page. Volunteers were invited to join each of the committees after adjournment of the meeting.

11. Unfinished business. Marshall Hagins reviewed the APTA and Orthopaedic Section rules on product advertisement. Contracts with exhibitors specify that advertising may be done at their booth in the exhibit hall only. Presenters at educational seminars may not "plug" their own product. They may state it is available in their booth. If there is no financial interest in a product, one may say where this product is available.

12. Open discussion. The format of the new PASIG Directory was discussed. Nick Quarrier suggested the area of specialty be included (music or dance) in future directories. Brent Anderson reminded the members that this is not a referral list. The Directory is only a list of PTs who share an interest in treating performing artists. They are not necessarily skilled in practicing in this area. This may be a reason to develop a specialty performing arts standard of care. Katy Keller offered the list of PTs that she has compiled over the years from dancers touring nationally and internationally.

The PASIG Website page was discussed. Nick asked the members what they would like to see on the page, and added as the Website master, it is important to control the quantity of information. Also discussed, by Donna Ritter, was the idea of developing functional outcomes and functional progressions for performing arts medicine for managed care and worker's comp. Brent expressed the hope that the PASIG will offer a forum to present and challenge what we do, in order to develop pathways of assessment, guidance, fellowship, and mentorship.

13. The motion was made to adjourn by Donna Ritter and seconded by Nick Quarrier.

PASIG MEMBERSHIP NEWS

Katy Keller will be presenting "BAC Workshop: Biomechanical Asymmetry Correction" with Jean-Claude West in New York City in May. We got a taste of this information at CSM. The course is an innovative approach to lumbopelvic mechanical dysfunction, with clinical applications to orthopaedic patients as well as dancers. Contact Katy for more information. Brent Anderson, Andrea DeStefano, and Shaw Bronner will be presenting an "Introduction to Dance Physical Therapy" in April to HealthSouth physical therapists. Contact Andrea for more information. Sean Gallagher and Performing Arts Physical Therapy staff were recently honored at Broadway's 8th Annual Gypsy of the Year Competition, which raises money for Broadway Cares/Equity Fights AIDS.

Pain Management Special Interest Group

Orthopaedic Section, APTA, Inc.

NEWSLETTER

ANNOUNCING THE EDITORS FOR THE PAIN MANAGEMENT SIG NEWSLETTER:

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*John is also the Pain Management SIG Secretary (officer).

*Joe Kleinkort, PhD, PT
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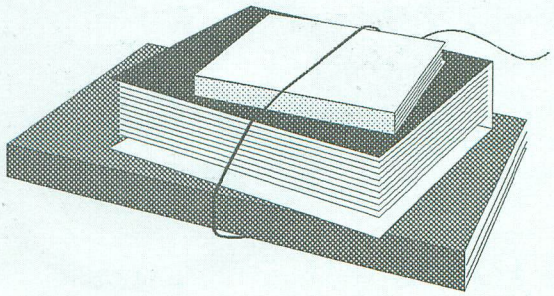
Trophy Club, TX 76262
(817)491-2339

*Joe Kleinkart, PhD, PT is the Pain Management SIG Education Chairperson.

"CALL FOR ARTICLES"

The Pain Management Special Interest Group is "calling for articles."

They are looking for individuals to write articles to be included in future issues of this newsletter. Such articles would involve case studies or articles related to "what's worked with pain." Please contact Tom Watson at (619)291-6282 if you are interested!



PAIN MANAGEMENT SIG CSM
BUSINESS MEETING MINUTES

February 14, 1997

Tom Watson, Acting President, called the meeting to order.

The Standing rules were presented and a motion was made by Tom Watson to change Article V Section 6. The number of members present for a quorum was changed from 10 to 5. The motion was seconded by Joe Kleinkort and passed unanimously.

The remainder of the standing rules were passed as presented.

Election of Officers:
President: Tom Watson
Vice President: Maureen Simmonds
Secretary: John Garzione
Education Coordinator: Joe Kleinkort
Editorial Review: Andrew Priest

Open discussions were held regarding future education programs. Next year's topics will be Microcurrent electrical stimulation and how pain impacts functional outcomes.

Board Certification examinations are available for those interested. The American Academy of Pain Management offers a multidisciplinary exam.

The Pain Society's examinations are available for those interested. The American Academy of Pain Management offers a multidisciplinary exam.

The Pain Society's examination is not available yet.

The SIG will wait for a few years to see if a physical therapy specialty exam will be feasible.

The newsletter will include: new pain management discoveries, program updates, CSM programs, critical reviews, reprints, and research-based articles.

The meeting was adjourned at 11:50 a.m.

John E. Garzione, PT
Secretary

Paris Distinguished Service Award

PURPOSE

1. To acknowledge and honor a most outstanding Orthopaedic Section member whose contributions to the Section are of exceptional and enduring value.
2. To provide an opportunity for the recipient to share his or her achievements and ideas with the membership through a lecture presented at an APTA Combined Sections Meeting.

ELIGIBILITY

1. The nominee must be a member of the Orthopaedic Section, APTA, Inc., who has made a distinguished contribution to the Section.
2. Members of the Executive Committee and members of the Awards Committee shall not be eligible for the award during their term of office.

CRITERIA FOR SELECTION

1. The Nominee shall have made substantial contributions to the Section in one or more of the following areas:
   a. Demonstrated prominent leadership in advancing the interests and objectives of the Section.
   b. Obtained professional recognition and respect for the Section's achievements.
   c. Advanced public awareness of orthopaedic physical therapy.
   d. Served as an accomplished role model, and provided incentive for other members to reach their highest potential.
   e. Utilized notable talents in writing, teaching, research, administration, and/or clinical practice to assist the Section and its membership in achieving their goals.
2. The nominee shall possess the ability to present a keynote lecture, as evidenced by:
   a. Acknowledged skills in the organization and presentation of written and oral communications of substantial length.
   b. Background and knowledge sufficient.

PROCEDURE FOR NOMINATION

1. Any member of the Orthopaedic Section may nominate candidates for the Award.
2. One original set and four duplicates of all materials submitted for each nomination must be received by the Executive Director at the Section office by December 1, for consideration for the award in the following year.
3. The materials submitted for each nomination shall include the following:
   a. One support statement from the nominator, indicating reasons for the nomination, and clarifying the relationship between the nominator and nominee.
   b. Support statements from two professional colleagues.
   c. Support statement from two former or current Orthopaedic Section officers or committee chairs.
   d. The nominee's curriculum vitae.
4. The nomination materials should document examples of how the nominee fulfills the criteria for this award.

PROCEDURE FOR REVIEW AND SELECTION

1. Nomination materials shall be submitted to the Section office. The Section office will retain the original set of materials and will provide the Awards Committee with copies for review.
2. The Awards Committee will review the nominations and recommend the most qualified candidate to the Executive Committee.
3. The Executive Committee will select the recipient.
4. Any member of the Awards or Executive Committees, who is closely associated with the nominee, will abstain from participating in the review and selection process.
5. The award will be presented only if there are qualified candidates, and one is selected.
6. Nomination materials are considered the property of the Awards Committee, who will maintain their confidentiality.
7. Nomination materials will not be returned. If any individual is not selected for the award in a given year, that individual may be nominated in subsequent years. The Section office will retain nomination materials for two years.

LECTURE

1. The recipient will present their lecture at a Section "Awards Session" at the APTA Combined Sections Meeting. The lecture should not last longer than thirty minutes.
2. The title of the lecture will be left to the discretion of the recipient.
3. The lecture should focus on the recipient's ideas and contributions to the Section and orthopaedic physical therapy.
4. The recipient is invited to submit a paper based on the lecture for consideration for publication (pending review) in the *Journal of Orthopaedic and Sports Physical Therapy* OR submit the paper for publication in *Orthopaedic Physical Therapy Practice*.

NOTIFICATION OF THE AWARD

1. The President of the Section will notify the recipient by April 1st and obtain written confirmation of acceptance by May 1st.
2. The name of the recipient will be kept confidential until announced at the APTA Annual Conference.
3. The award will be presented at the APTA Combined Sections Meeting following presentation of the lecture.
4. Those nominees not selected will be so informed in writing.
5. The nominators or individuals not selected will receive a letter thanking them for their participation and informing them of the award recipient.

THE AWARD AND ITS PRESENTATION

1. The Orthopaedic Section will reimburse the recipient for round trip coach airfare from any site in the US. or Canada to the Combined Sections Meeting at which the lecture is presented, two days per diem consistent with the Section's current reimbursement rates and one day's conference registration.
2. On the occasion of the presentation of the lecture, the awardee will receive an appropriate plaque and an honorarium of $250.
3. The recipient's name and date of award will also be inscribed on a Distinguished Service Lecture Award plaque that is retained and displayed in the Section's headquarters.

Please submit any nominations to the Section office by December 1, 1997.

The deadline for the 1997 award has been extended to July 1st, 1997.

Orthopaedic Physical Therapy Practice
Orthopaedic Section, APTA, Inc.
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